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ABSTRACT

These transcripts present testimony from the second hearing held on the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). Discussed at this hearing were total financial costs of child abuse and neglect, cost savings from prevention programs, the role of infant safe havens, and parents' rights. Representative Robert Scott identified problems in the current system. Testimony was heard from: (1) the state executive director of the Georgia Council on Child Abuse, focusing on the need for a public health approach involving more prevention and public awareness campaigns and the benefits of corporate partnerships; (2) the founder and president of an infant abandonment safe haven program, describing programs to facilitate transferring unwanted infants to parents who want them and to reduce the likelihood that a woman will endanger her child's life; (3) the counsel for the Home School Legal Defense Association, making suggestions to build in protections for parents' due process constitutional rights into CAPTA; (4) the director of the early childhood division of the Northern Virginia Family Service, discussing cost effectiveness of prevention programs such as Healthy Families America; and (5) a professor of psychology from James Madison University discussing the link between child abuse/neglect and criminality and psychiatric disorder; this testimony also points out the impact of CAPTA-funded training for mental health professionals and others, and the need for continued and higher funding levels for CAPTA. Written statements of the witnesses, written responses of Joann Grayson to a representative's questions, and written testimony by the Voice for Adoption organization are appended. (KB)

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ED 471 703

PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT: POLICY DIRECTIONS FOR THE FUTURE

HEARING

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION

OF THE

COMMITTEE ON EDUCATION AND
THE WORKFORCE

HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTH CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, OCTOBER 17, 2001

Serial No. 107-35

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PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT:

POLICY DIRECTIONS FOR THE FUTURE

WEDNESDAY, OCTOBER 17, 2001

U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON EDUCATION AND THE WORKFORCE

SUBCOMMITTEE ON SELECT EDUCATION

WASHINGTON, D.C.

The subcommittee met, pursuant to notice, at 10:15 a.m., in room 2175, Rayburn House Building, Hon. Patrick J. Tiberi [vice chairman of the subcommittee] presiding.

Present: Representatives Tiberi, Roemer, Scott, and Davis.

Also present: Representative Hart.

Staff present: Pam Davidson, Professional Staff Member; Patrick Lyden, Professional Staff Member; Deborah Samantar, Committee Clerk; Kathleen Smith, Professional Staff Member; Holli Traud, Legislative Assistant; Heather Valentine, Press Secretary; Denise Forte, Minority Legislative Associate; Cheryl Johnson, Minority Counsel; Maggie McDow, Minority Legislative Associate; and Joe Novotny, Minority Staff Assistant.

OPENING STATEMENT OF VICE CHAIRMAN PATRICK J. TIBERI, COMMITTEE ON EDUCATION AND THE WORKFORCE, SUBCOMMITTEE ON SELECT EDUCATION, WASHINGTON, DC

Vice Chairman Tiberi. A quorum being present, the Subcommittee on Select Education will come to order. We are meeting today to hear testimony on prevention and treatment of child abuse and neglect.

Under committee rule 12B, opening statements are limited to the chairman and the ranking minority member of the subcommittee. Therefore, if other members have statements, they may be included in the hearing record. With that, I ask unanimous consent for the hearing record to remain open 14 days to allow members' statements and other extraneous material references during the hearing to be submitted in the official hearing record.

Without objection, so ordered.

Ladies and gentlemen, I am pleased to welcome our guests, witnesses, and members of the Select Education Subcommittee hearing on Prevention and Treatment of Child Abuse and Neglect: Policy Directions for the Future.

As many of you know, one of our subcommittee's responsibilities is to reauthorize the Child Abuse Prevention and Treatment Act, CAPTA. CAPTA established a focal point within the federal government to identify and address issues of child abuse and neglect and to support effective methods of prevention and treatment.

This is the second hearing held on the reauthorization of CAPTA. Today's hearing is designed to follow up on information and ideas shared at our first hearing held in early August and to learn more about specific issues and topics that we discussed at that time.

At that hearing, experts shared with the subcommittee what they believed to be past successes and failures of CAPTA. We heard from experts who emphasized the need for evidence-based approach to child welfare as well as several witnesses who spoke of the need for a national policy to be emphasized as prevention over treatment.

One specific topic that needs to be discussed further is the total financial cost of child abuse and neglect. Data shows that total financial costs are quite high and also shows that cost savings from effective prevention programs are costly also.

Direct economic costs are incurred each year at the federal, state and local level to treat the short and long-term consequences, physical and emotional, of child abuse and neglect. And because child maltreatment increases risk for other social ills, the indirect costs for special education, substance abuse, teen pregnancy, homelessness and juvenile delinquency are even greater.

Among the many issues of interest to the subcommittee, today we hope to learn more about the role that infant safe havens could play within CAPTA or the Abandoned Infants Act. Infant safe havens are designed to provide a parent or parents a way to safely relinquish their newborn infant without fear of prosecution for child abandonment. We are also interested in hearing more about parental rights, particularly as to whether or not CAPTA goes far enough in protecting parental rights and family rights.

Today's hearing in the reauthorization of CAPTA provides an important opportunity for us to review and improve upon the policies that have been in place for the past five years.

With nearly 3 million reports of possible child maltreatment made to child welfare agencies each year, this problem remains a serious one and deserves our full attention. We hope to learn much at today's hearing about how we can improve CAPTA and continue to work to prevent child abuse and neglect.

This morning we are fortunate to have a distinguished panel of witnesses. I thank each one of you for taking the time out of your busy schedule to be with us. In just a few moments, I will proceed with introductions of the panel. But first I would like to yield to the gentleman from Virginia, Mr. Scott, for any statements he may have.

WRITTEN OPENING STATEMENT OF VICE CHAIRMAN PATRICK J. TIBERI, COMMITTEE ON EDUCATION AND THE WORKFORCE, SUBCOMMITTEE ON SELECT EDUCATION, WASHINGTON, DC – SEE APPENDIX A

Mr. Scott. Thank you, Mr. Chairman. And the gentleman from Indiana, Mr. Roemer, was here earlier; however, he had another commitment and wanted his presence recognized.

The 1998 CAPTA reauthorization provided funding for training for professionals, paraprofessionals, and volunteers. In addition, it authorized collaborative partnerships between child protective services and other community organizations. Those amendments did much to decrease child maltreatment.

CAPTA plays a critical role in placing resources into prevention and treatment of child abuse, and it is important that we continue to work to find more effective ways to help prevent this abuse and also treat those children and families. But we obviously have much more ground to cover. We are quick to find scapegoats when abused and neglected children tragically die because the system failed to protect them. Yet we are acutely aware that caseworkers receive minimal training, too many cases and inadequate pay and rarely stay on the job long enough to learn how to do it well. Poor record keeping and computer systems compound the problem, making it often impossible to monitor progress of any given child.

I hope today's witnesses will offer recommendations as how we can help caseworkers and states more effectively serve our nation's most vulnerable children. But one of the evidences of problems that we have is that since 1980, 65 class actions have been filed against child welfare assistance for failure to meet minimal legal standards. And so we have a lot of work to do. And the events of September 11th are having a ripple effect throughout the country as parents lose their jobs due to slowing economy. As people deal with stress of terrorist attacks, the child welfare system will be pushed to its limit and then some. So I look forward to hearing from our witnesses about how recent events will impact incidents of child abuse. And we would like to know if CAPTA could be improved to protect children in the future. Thank you, Mr. Chairman.

Vice Chairman Tiberi. Thank you, Mr. Scott. Before the witnesses begin their testimony, I would like to remind the members that we will be asking questions of the witnesses after the complete panel has testified. In addition, Committee Rule 2 imposes a five-minute limit on questions, and the witnesses will see a green light for about four minutes, a yellow light for one minute, and then you will see a red light. I would ask you at that point in time to try to wrap up your testimony.

With that, I would like to introduce my colleague from Pennsylvania, distinguished lady, Ms. Hart, to introduce one of our panelists.

Ms. Hart. Thank you, Mr. Chairman, and thank you also, Mr. Scott. It is an honor to be here since I am not a member of the Education and Workforce Committee, but I do support what you are doing, and I am very pleased that the committee has decided to take the time with this issue.

And such a distinguished panel; I was just reviewing the file.

I am fortunate to be acquainted with one of the speakers today. Her name is Patty Weaver, and she is the founder and president of an organization called A Hand to Hold, located in Pittsburgh. I represent the area surrounding Pittsburgh, and Patty came to my attention a number of years ago as a person who actually, instead of just talking about the problem, had done something about it.

As I said, she is the founder and president of this organization. It is called A Hand to Hold, and it is Pennsylvania's first infant abandonment safe haven program.

It is important to shed more light on efforts across the country to deal with the problem of baby abandonment, and it is also very important as a part of the CAPTA reauthorization discussion.

I was first acquainted with Patty Weaver a few years ago, and she was really the first person to bring to my attention the issue of infant abandonment. Since then, I have had the opportunity and actually the honor of working with her, and we introduced legislation while I was a Pennsylvania state senator to address this growing problem. It was a bipartisan bill sponsored by myself and a gentleman named John Wozniack, who continues to work on that today.

In July, here in the United States Congress, Congresswoman Stephanie Tubbs Jones of Cleveland and I introduced H.R. 2018, the Safe Haven Support Act of 2001, which would allow states some flexibility to spend some of their unused TANF funds on safe haven programs to support them. This legislation currently has 84 bipartisan co-sponsors.

It is because of Patty's work that I am here today to introduce her. She not only was successful, obviously, in bringing that to our attention and in starting A Hand to Hold, she's also helped motivate healthcare providers in our area to actually participate in the program. We now have I don't know how many hospitals, but basically all the major hospitals in the Pittsburgh region have agreed to participate in this program.

She has also, through her efforts, motivated some of the folks in the outlying areas, one of the counties that I represent, Lawrence County, the hospital there to also become involved and work hard to help to save abandoned babies.

You know, that problem is still all around us. How can we forget the story of the teenager in New Jersey who delivered a baby in a restroom, abandoned the child in the trash can, and returned to her high school prom, or the story a few months ago of an infant who was discovered in the back yard mauled by a hungry dog. The problem has even struck home in my district in Ellwood City, outside of Pittsburgh, where an abandoned baby boy was found in the woods.

It is impossible to know the exact number of infants who are abandoned each year, but the media accounts remind us it is a growing problem nationwide, and between 1991 and 1998, the number of abandoned babies discovered nationwide almost doubled. Texas was the first state to enact a safe havens law in June of 1999 and, as of last week, 34 states have passed safe haven laws.

Mr. Chairman, again, I thank you for allowing me to be here to introduce Patty Weaver, and your other distinguished guests I'm sure will have a lot to offer, so I will be certain to review their testimony. But I am pleased and honored, as I said, to have an almost constituent in Ms. Weaver who has been doing a yeoman's job to bring attention to and obviously life to a lot of babies who otherwise wouldn't have a chance.

Thank you, Mr. Chairman.

Vice Chairman Tiberi. Thank you, Ms. Hart. I will proceed to introduce the rest of the witnesses, and then after we are done we will begin.

Ms. Sandra Alexander. Ms. Alexander is the executive director of the Georgia Council on Child Abuse in Atlanta. She has over 30 years experience in the child and family welfare field, with specific concentration in child abuse prevention, and is the president of the American Professional Society of the Abuse of Children. In addition, she holds a master's of education in guidance and counseling from the University of South Carolina.

Mr. Christopher Klicka is the Senior Counsel and Director of State and International Relations for the Home School Legal Defense Association. He has represented over 3500 home school families and argued before State supreme and appellate courts as well as appeared before state legislatures and boards. Mr. Klicka has offered several books on home schooling and its legal issues.

Ms. Linda Dunphy is the Early Childhood Division Director of Northern Virginia Family Services, which she designed and developed, building on the first Health Families America. She specializes in parenting and child abuse prevention and has a master's in social work.

Dr. Joann Grayson is a professor at James Madison University, school of psychology, as well as a staff psychologist at the university child development center. She has made numerous presentations and published articles on child maltreatment, and specifically the relationship between child abuse and other issues such as domestic violence, substance abuse, and youth violence.

Thank you, panelists, very much for being here today. With that, Ms. Alexander, I will recognize you.

STATEMENT OF SANDRA P. ALEXANDER, EXECUTIVE DIRECTOR, GEORGIA COUNCIL ON CHILD ABUSE, ATLANTA, GEORGIA

Ms. Alexander. Good morning, Mr. Chairman, and members of the subcommittee. Thank you for the opportunity to appear today on behalf of the Georgia Council on Child Abuse in support of reauthorizing CAPTA. And I am here to urge you to send a strong message with CAPTA that child abuse is a public health issue and that it deserves and requires a strong prevention response.

The Georgia Council on Child Abuse is the only statewide, nonprofit organization in Georgia focused solely on preventing child abuse. We are a chapter of Prevent Child Abuse America. We have developed and promoted a number of prevention programs with little to no state or federal support.

We have been strong advocates in our legislature for prevention. We have developed partnerships with the media and the corporate community to help carry the prevention message to everyone in our state.

You have heard previous testimony from the National Child Abuse Coalition, from Prevent Child Abuse America and from Dr. Richard Gelles on the strengths of the CAPTA program, and we support their testimony and their recommendations that you have already heard.

Today I'd like to focus my comments on two points: First, the critical need for a public health approach involving more emphasis on front-end prevention and including public awareness campaigns; and second, on the benefits that corporate partnerships can bring in this effort.

Since September 11th, most of us have learned what fear for our personal safety means in a new way. But for millions of children in our country, this is not a new fear. They go to bed each night. They get up each morning wondering where their next assault will come from, not from terrorists from a foreign country but from someone in their own home or their neighborhood. They are emotionally and physically and sexually assaulted, and they are ignored and left to fend for themselves.

Today, I'm speaking on behalf of those children. Most parents love their children. We know that. They love them to the best of their abilities. Unfortunately, for millions of children in our country, their parents' abilities are not very good or they're absent.

Just since CAPTA was last reauthorized in 1996, there have been approximately 6 million confirmed reports of abuse and 8,000 to 10,000 children that have died directly from abuse. Thousands of others have died from indirect causes of abuse.

We know that children who survive are more likely to show up as juvenile delinquents, pregnant teens, bullies, domestic violence victims or perpetrators, adult criminals or parents who then abuse their own children.

With more than 30 years with CAPTA as a centerpiece of federal response to child abuse, we have not made any real significant impact on reducing the number of children that are abused and neglected in our country.

In our current state, CAPTA is structured to focus on a vision of a world with child abuse. This is at a time when a recent poll by Prevent Child Abuse America revealed that child abuse is at the top of the public's list of the most important public health issues in our country. We request that you use the reauthorization of CAPTA as an opportunity to make a bold shift of the CAPTA response to a vision of a world without child abuse.

I would like to use a story of a young Atlanta woman to illustrate that. Ayesha was a teen living with her mother. Her mother's crack cocaine addicted, and her mother was using her food stamps and assistance to fund the drug habit. Ayesha was pregnant. She dropped out of school. She really wanted to be a good mother when her baby arrived, but there were many, many things in her life, as you can imagine, that pointed to some pretty large difficulties for her in achieving that.

Without a prevention focus on our response, parents like Ayesha do not get the help they need until and unless they do something to hurt their child and maybe not even then. With a prevention response, Ayesha, and other parents like her, can be offered early support services. Ayesha voluntarily participated in the Healthy Families Georgia program, a program of long-term intensive home visitation support for new parents. Her home visitor provided consistent support, was a role model she never had, was a cheerleader for the changes that Ayesha wanted to make for herself and her baby and for her future.

Three years after Ayesha's baby was born, she was back in school. She'd found independent living arrangements and appropriate childcare for her baby. This teenager who had all the signs and risk factors for a lousy outcome volunteered to stand up before 100 Atlanta business leaders and tell in her own words how she had learned to care for herself and her baby.

We know what to do to prevent a child abuse; we just don't do it in a consistent manner. Many efforts tart on the grass roots level. They are fragmented. They have little support. They aren't able to go to scale. Few have time to fine-tune their work. Many of them struggle. They die. Someone starts a new pilot program with a different name and the cycle repeats itself.

CAPTA can help change this picture by providing a more balanced approach to prevention and treatment funding and by investing in evidence-based prevention programs. And CAPTA can encourage the investment of the total community in supporting prevention by possibly requiring a percent of the CBFRS funds to be non-discretionary for prevention efforts that engage the corporate community.

Business leaders are recognizing the impact of child abuse on their employees' ability to be productive in the work place. They see that abuse limits children's potential. In Georgia, we forged a number of corporate partnerships that have not only helped to raise money but also helped raise awareness in the community. Most importantly, these partnerships have communicated to the businesses customers that they are doing something about abuse before a child is hurt, and that they are offering their employees and customers concrete ways to be part of the solution.

I close with this important fact. Corporate partnerships and strong well-tuned state child protective service systems are essential to effective child abuse prevention efforts, but we cannot succeed without the leadership and resources of the Federal Government in this effort. I am asking you to speak up for children by reauthorizing CAPTA with prevention as a centerpiece.

The fact is, children can't stop abuse, but you, I, and all other adults can. Thank you.

WRITTEN STATEMENT OF SANDRA P. ALEXANDER, EXECUTIVE DIRECTOR, GEORGIA COUNCIL ON CHILD ABUSE, ATLANTA, GEORGIA – SEE APPENDIX B

Vice Chairman Tiberi. Thank you, Ms. Alexander. Ms. Weaver.

STATEMENT OF PATRICIA A. WEAVER, FOUNDER AND PRESIDENT OF A HAND TO HOLD, PITTSBURGH, PENNSYLVANIA

Ms. Weaver. I appreciate the opportunity to be here today to discuss safe havens and baby abandonment programs. A Hand to Hold is a hospital-based safe haven program serving western Pennsylvania and involving a network of 19 hospitals. There are a dozen safe haven/baby abandonment programs like ours in the United States. CAPTA funding would facilitate the development and expansion of programs such as ours.

What we are dealing with baby abandonment is across the nation there are young mothers who are throwing away their unwanted newborns, leaving them to die in places like dumpsters, trash cans, rivers, toilets, woods. Newborn babies.

Although the young mothers who throw away their babies may not want their babies, millions of couples in the United States who are unable to have children of their own do. To a young couple that has waited years to adopt a baby, any baby would be a gift of immeasurable worth.

· Safe haven programs are designed to (1) facilitate the transfer of unwanted babies as quickly and easily as possible from the mothers who don't want them to the mothers who do; (2) to reduce the likelihood that a woman will endanger her child's life by providing a loving alternative; and (3) save as many lives as possible.

How big is the problem? The most recent study from the U.S. Department of Health and Human Services from 1998 estimates that 105 babies are abandoned in public places. Yet that number is grossly misleading, because it doesn't include the babies that are not found. An epidemiologist and scientist in that agency who studies infanticide says she was unable to find the author of that study and think that perhaps it was developed by a summer intern. She believes the number of babies actually abandoned each year in the United States to be 10 times that number reported. So we are dealing with 1,000 babies a year in the United States.

Why do these mothers abandon their babies? The mothers are often young teenagers who are in denial about their pregnancy and haven't told anyone they're pregnant. Sometimes they're in denial to the point that they only accept they're pregnant when the baby is born. They never wanted the child, and they just want to get rid of it as quickly as possible without anyone finding out.

There are also mothers who keep their babies for a few weeks and then dispose of them when the novelty wears off and the reality of long hours, hard work, sleepless nights, expenses, and restrictions associated with a newborn become too much.

Abandoning babies is not a new thing. In the past, we had a solution, foundling homes and orphanages, which were recognizable, established places to leave unwanted babies quickly and with little hassle. We don't have a modern equivalent of that today.

The way safe haven programs work is it enables mothers to leave their unwanted newborns, up to 30 days old or less depending on the state, with emergency room nurses at participating hospitals or fire stations in other states. The babies are then placed in foster care and then up for adoption. As long as the baby is not harmed, the drop-off is confidential, no questions are asked, and the mother need not give her name. Services are always free to the mother.

If you combine the results from programs in New York City, Mobile, Alabama, Southern California, and in Texas, combined these programs are saving 41 babies are year, and yet they cover only 20 percent of the United States on a per capita basis.

If programs such as these were available in the entire country, they might be saving 200 lives a year or considerably more once they are well established. That's the equivalent of 10 classrooms of kindergartners a year. In 12 years, you could save the lives of a whole school district of kids plus many of the mothers from imprisonment and all of their mothers from a lifelong mother that she has destroyed or abandoned her infant.

Government agencies benefit from these programs. If you want to talk dollars and cents about baby abandonment, you could justify supporting safe haven programs because of the tens, possibly hundreds, of thousands of dollars, they save local governments for investigating the death of each abandoned infant found dead, finding the parents, and trying the case and incarcerating the mothers and any accomplices.

The medical director of the Child Advocacy Center at Children's Hospital in Pittsburgh, which is one of the top hospitals in the country, says a critical step in trying to prevent injuries or even fatal injuries to babies and to children is to have an honorable, acceptable and easily accessible plan in place. A clear alternative to injuring a child is placing the child in a loving home. That's exactly what A Hand to Hold offers. Every hospital needs to join in support of this effort.

In the past two years, 34 states have passed safe haven laws, brand new laws. Every young person needs to know about his or her safe haven law and the new options in order to make responsible choices for their infants. If they are unfamiliar with the safe haven options, we will continue to see babies abandoned. Better funding to safe haven programs would enable them to get the word out faster, reach more people and ultimately save more lives.

Funding these organizations will ensure that we have a safety net for the approximately 1,000 babies a year that might die from abandonment. Those babies deserve a chance to live, a hand to hold, and a future. Won't you help? Thank you.

WRITTEN STATEMENT OF PATRICIA A. WEAVER, FOUNDER AND PRESIDENT OF A HAND TO HOLD, PITTSBURGH, PENNSYLVANIA -- SEE APPENDIX C

Vice Chairman Tiberi. Thank you, Ms. Weaver. Mr. Klicka.

STATEMENT OF CHRISTOPHER J. KLICKA, SENIOR COUNSEL, HOME SCHOOL LEGAL DEFENSE ASSOCIATION, PURCELLVILLE, VIRGINIA

Mr. Klicka. Thank you very much for the privilege of coming before you today to share our experience. It sounds kind of strange for a representative of home schoolers to maybe be here today, but the perspective that I'm coming from is after 16 years of being senior counsel at Home School Legal Defense, I have handled nearly 1,000 investigations with social workers around the 50 states. I have seen what's wrong with the system from a perspective of protecting parents' due process constitutional rights.

I am a supporter of fighting child abuse, finding it and prosecuting it. I believe child-abusers; they really need to throw the book at them. But when it comes to innocent families, that's what I'm here to talk about, the many, many innocent families we see are wrongly brought through the trauma of these investigations. And what typically happens for families that we represent is a neighbor, a passerby, somebody who is concerned about this family because they're home schooling or maybe there's something else that they don't like about them, and they end up calling a child abuse hot line. They make an anonymous tip. They don't identify themselves, which is one of my focal points of this time here and what suggestion I have for some concrete change in CAPTA.

But because of this anonymous tip, the individual generally feels free to fabricate and make up stories as to what's going on. And next thing you know, a social worker, under the laws required, in 24-48 hours to be at the door, they knock at the door and they insist on coming in. They also insist on interrogating each of the children separately.

In many instances, if it's an allegation, although it's false and our people are completely innocent, they will insist on a strip search. Now, these types of tactics and things that these innocent families are faced with are extremely traumatic.

Our goal at the Home School Legal Defense is sort of the battle for the front door. We try to keep them out. But I believe that CAPTA could be constructively change, and I have some suggestions at the end of my testimony, where certain constitutional safeguards could be added into CAPTA that the states who receive the funding would then be required to implement.

I would like to give just a few examples of what we have been faced with so you can have some real life stories. In general, we've seen in the area of law enforcement that the innocent, people that are innocent, they have to be proven guilty, and they're considered innocent until so. But under the child welfare system and they way they operate, you're really guilty until you can prove yourselves innocent. I believe this kind of turns upside down our jurisprudence here in America.

I've talked with many social workers one-on-one that have confirmed suspicions we have had. I can recount some of the conversations I've had. One social worker of 30 years in Chicago was working with a family in Illinois who had been turned over; again it was an anonymous tipster who completely fabricated allegations. And she said that over 50 percent of the referrals she receives are unfounded. She said that many are unfounded after they've already been in the house, they've traumatized the kids, and in many instances have had the children put in foster care for a period of time.

She found that the hospitals were in the business of always finding child abuse. She said that when she started working as a social worker, their goal was to find people innocent. Now their goal is to find them guilty. And she said that they many times go on fishing expeditions.

She said it's become kind of a child abuse industry.

Another social worker that I talked with from Georgia, she indicated that 90 percent of all the allegations she received turned out to be unfounded, and she feels like she is just spinning her wheels.

In Alabama and Florida I met two different social workers that have since retired from being a social workers and they've admitted the intimidation that they were trained in routinely to use. One of the social workers said that she could get into the house and talk to the kids no matter what the allegations were, no matter how ridiculous they were. She said if the family refused, then she would threaten to get a court order and threaten to get a policeman. Sometimes she'd actually call and have a policeman there even though he had no greater authority to come in. She said if she ever had to face herself at the door, she'd be scared stiff based on how she dealt with these families who were turned in.

Both the social workers indicated that 60 to 70 percent of the referrals were unfounded. So you see, the problem seems to be in this area of anonymous tip. There's been some conversation already about the cost that it takes to run the child welfare system and of the time and how the system's going to be even more stressed out with recent things that have happened in our country.

Well, I think the biggest way we can save time is that we deal with these anonymous tips in a different manner, and I've got some language that I'm going to refer to in just a moment. But one of the allegations we've had is a family was thought to be removing all the food as a form of discipline, and this is in Wisconsin. The family was thought to be born again and giving all their money to the church. This was a real allegation. The social worker insisted to come in the house and talk to the children and go through this trauma. We told them no, they couldn't come in.

In my testimony I gave many more examples of these types of allegations from families. They are investigated because they were seen at a rummage sale selling all their kids shoes and coats, and the kids were seen outside in the morning or seen outside in the afternoon, seen outside in the day. So it just doesn't end the type of allegations. We've gone to court over this and won a number of cases establishing that social workers have no greater right to come into the home than any other law enforcement official, that the Fourth Amendment has to be honored. Mere suspicion, an anonymous tip is not enough.

So what we'd like to see is that in CAPTA specific language that would curtail this false reporting with anonymous tips and on page 18 and 19 of my testimony I provide an example of that language. And one of the suggestions that we have is that there be included in there provisions and procedures in each state to assure that no report shall be investigated unless the person making such a report provides such a person's name, address and telephone number, and the information is independently verified.

Another area is an area of false reporting. States need to have some penalty on people who do false reporting.

In addition, states need to require the child welfare codes to clearly state what the probably cause standards are so that social workers are on notice of what their limitations.

Vice Chairman Tiberi. Mr. Klicka.

Mr. Klicka. Lastly, that there be a right to know what your allegations are, because they often won't tell you even what you're being investigated for.

WRITTEN STATEMENT OF CHRISTOPHER J. KLICKA, SENIOR COUNSEL, HOME SCHOOL LEGAL DEFENSE ASSOCIATION, PURCELLVILLE, VIRGINIA – SEE APPENDIX D

Vice Chairman Tiberi. Thank you.

Mr. Klicka. Thank you very much.

Vice Chairman Tiberi. I've been trying to give everyone an opportunity to finish up, but I ask again that you respect one another and the committee in terms of the time allotments.

Ms. Dunphy. Thank you.

Ms. Dunphy. Yes, thank you.

STATEMENT OF LINDA DUNPHY, DIRECTOR, EARLY CHILDHOOD DIVISION, NORTHERN VIRGINIA FAMILY SERVICE, FALLS CHURCH, VIRGINIA

Ms. Dunphy. I'm Linda Dunphy. I'm from Northern Virginia Family Service, right across the Potomac here, where I serve as the Director of Early Childhood. And for the past 10 years, I've overseen the development of four Healthy Family sites and three Early Head Start projects serving over 1200 children, mostly children between the ages of zero to three. And we've had 10 consecutive years of incredible outcomes with highly vulnerable children, the very children who end up in the CPS systems, the kind of parents who might abandon their children.

And I'm here to tell you that prevention works and that the federal government needs to start paying attention to programs that are working out in the community to prevent the very extreme cost to our society of not investing in parents and children on the front end.

Let me give you some background on Healthy Families America. It began in 1992 under the Prevent Child Abuse America organization, and it's aimed at preventing the occurrence of abuse and neglect and promoting healthy growth and development of children prenatal to school age. These are essentially the identical objectives of Early Head Start and Head Start. There is no difference between investing in children and preventing child abuse and neglect. I think that's an important distinction to make in the federal government.

There are over 420 programs nationwide since 1992. This has all been ground up, not from the federal government. It's because at the local level and at the state level they are tired of throwing money after rotten outcomes for families and children.

In Virginia alone, the cost of putting children into residential treatment has gone up 15 percent every year. Fifteen percent and Mr. Scott knows this, because he's from Virginia. He understands. And Virginia is no different than any other state.

We spend over $200 million just in Virginia putting children into residential treatment care. We pursued Early Head Start because it's the only federal source of money that gives us any money to invest in zero to three children on a consistent basis. It doesn't involve a pilot project for a couple of years and then we're left bankrupt at the end of that period even if we have successful outcomes.

I know Dr. Grayson is going to talk about the link of child abuse neglect to criminality. There couldn't be stronger evidence. And then when you look at the evidence that's been coming out about brain development, hopefully you've all read the Neurons to Neighborhoods report that blends medical research with social research. Their most important overarching theme and recommendation is that the question of whether we can intervene successfully in young children's lives has been answered in the affirmative and should be put to rest.

However, interventions that work are rarely simple, inexpensive or easy to implement. The critical agenda for early childhood intervention is to advance understanding of what it takes to improve the odds of positive outcomes for the nation's most vulnerable children and to determine the most cost effective strategies for achieving well-defined goals.

Well, Northern Virginia Family Service as well as scores of other organizations in this country have proven over and over again that you can have positive outcomes with children with well-defined, very well prescribed home visiting strategies as well as other complimentary services for families. But reaching vulnerable children and families in their homes right around the time of birth with their first children is probably the most sensible strategy that this federal government can make, and it's also a very normal strategy in all other western industrialized societies where you don't see rates of juvenile delinquency, teen pregnancy, and other rotten outcomes, and CPS systems like we have in this country because they support parents from the get go.

I think it's very clear, and I don't think anyone would argue, that most parents want to succeed with their children. And with our program, we have been able to reach families on a consistent basis who have personal childhood histories of being abused as children, which is the single most prevalent factor for going on to abuse your own children.

We reached these families, the most vulnerable ones, the ones most likely to end in the deep end of the pool of treatment services, and we infuse them with strength-based services that speak to their instincts to be good parents. We visit with them weekly on a voluntary basis. Parents are not required to participate in our program. They can disengage at any point.

We have a very high participation rate because parents want to succeed with their children. We basically serve as mentors to them over the course of up to five years at different levels of intensity. And our outcomes, which you have in front of you, show that we have achieved incredible outcomes around healthy birth outcomes, making sure the children are immunized. Our rates are well over 90 percent, which is far above the national average of immunization rates. Our children are developmentally on target. We're close to almost 100 percent of our children are ready, are on track for school readiness.

We have basically 99 percent prevention of child abuse with these families every year, and these are all validated outcomes with independent evaluations. And our parents, overall, about 90 percent say that they believe this program has helped them succeed with their children.

These are remarkable outcomes. We've had these outcomes for 10 years in a row with mostly teen parents and, as I described, parents who had very poor upbringing.

So, first of all, I must say it's very disappointing this room is so empty. You know, this is a national tragedy that our children go without the kind of supports, and the parents go without the kind of supports that we know we know how to do. This is not rocket science.

And you know, September 11th was a terrible tragedy and we quickly mobilized billions of dollars to deal with that. Well, it's a national tragedy what our children are going through and what are parents are going through without support. And we know how to do this. There are scores of programs out there that effectively prevent child abuse and abandoned infants, and why don't we have the political courage to invest in these programs.

So I ask you, please, tell your colleagues to look into the community and see what's working because it is working. And we struggle every day piecing together scraps of funding to keep this alive. Thank you.

WRITTEN STATEMENT OF LINDA DUNPHY, DIRECTOR, EARLY CHILDHOOD DIVISION, NORTHERN VIRGINIA FAMILY SERVICE, FALLS CHURCH, VIRGINIA – SEE APPENDIX E

Vice Chairman Tiberi. Thank you, Ms. Dunphy.

Dr. Grayson.

STATEMENT OF JOANN GRAYSON, PROFESSOR OF PSYCHOLOGY, JAMES MADISON UNIVERSITY, HARRISONBURG, VIRGINIA

Ms. Grayson. Good morning. It's a privilege to be here today. I'm a clinical psychologist and a professor at James Madison University and a member of the American Psychological Association. I've also worked extensively with courts as a forensic evaluator. I coordinate a local prevention and intervention program for foster children, and I edit the Virginia Child Protection newsletter.

My husband and daughters and I live on and operate a small family farm. And when I make budgeting decisions for my family and farm, I use two main criteria. I ask what is the need, and I ask what will be effective for us.

Today I'm here to talk to you about the need and the effectiveness of CAPTA. The need for CAPTA is self-evident. The 1999 statistics show over 800,000 of substantiated cases of child maltreatment and over 1,000 child deaths due to abuse and neglect. Numbers are not the only way to gauge need.

The negative effects of child maltreatment are well documented. For example, as a group, maltreated children incur a nearly four-fold increased lifetime risk for psychiatric disorders and a three-fold risk for substance abuse. There is heightened risk of academic failure and juvenile delinquency. Untreated children are six times more likely to maltreat their own children, creating a continuing cycle of abuse.

Obviously, CAPTA's focus on prevention must be maintained and strengthened. How effective are the intervention and prevention efforts supported by CAPTA?

I have been in a position to watch the emergence and refinement of successful programs to prevent and reduce child maltreatment. Consider a few examples of our progress. Substantiated cases of child maltreatment are lower for the sixth year in a row. Teen pregnancy rates are lower than they have been in 20 years. The incidents of shaken babies have fallen dramatically in localities where public awareness campaigns have been undertaken. We are partnering with houses of worship to reach minority communities because spiritual leaders want to bring proven prevention programs to their congregations.

Businesses have invested child abuse prevention. For example, in Hampton, Virginia, business interests contribute heavily to the Healthy Families program because having workers who are effective parents makes good business sense.

Also, changes in court processing of child abuse and child sexual abuse cases have been significant.

When I first began my career, these cases were often not pursued at all. Young children were barred from testifying. And the sentences for offenders, when convicted, were minimal.

Children who did testify were frequently traumatized by the court process.

Today, children routinely testify in court, and we have learned how to accommodate their special needs. Children are likely to have a trained guardian ad litem appointed to assist them. They may also have a court appointed special advocate.

What has made the difference since the early 1970's when I started my career is CAPTA's funded training for mental health professionals, for CPS workers, for judges, for doctors and others. The legislation supported research, the development of protocols, court improvement projects, and many intervention and prevention efforts.

There is still a need for attention to the balance between personal freedom of families and child protection. Many innovations are currently in progress for handling cases differently than in the past. For example, my state, along with others, is implementing a multiple response system that allows intervention and help without investigation and labeling unless serious cases of maltreatment.

Child fatality teams have improved responses to suspicious deaths. Extensive research about risk assessment is allowing workers to better predict which families need increased services. Recently, training has been offered in how to respond in a sensitive fashion to persons of different cultures.

The strength of our nation depends upon people who are capable and who function well. The consequence of failure to address child maltreatment is destruction of lives and perhaps of the destruction of our community. Identifying parenting problems early and offering assistance can mitigate the effects of maltreatment, and it can prevent occurrence of abuse.

CAPTA has the unique role in supporting system improvement, prevention efforts, services and research. To maintain these critical functions, higher authorized funding levels are needed. CAPTA has been successful in many ways, but the work of the legislation is not finished. Child abuse and neglect prevention must remain a national priority. Thank you.

STATEMENT OF JOANN GRAYSON, PROFESSOR OF PSYCHOLOGY, JAMES MADISON UNIVERSITY, HARRISONBURG, VIRGINIA – SEE APPENDIX F

Vice Chairman Tiberi. Thank you, Dr. Grayson. I'm going to open up the questioning by turning over to the subcommittee and my colleague and friend from Virginia, Mr. Scott.

Mr. Scott. Thank you, Mr. Chairman. I want to thank the witnesses. You've provoked a lot of questions. I don't know if I can keep these within five minutes. I hope we get two rounds of questions.

Just a couple of quick questions; Ms. Weaver, under safe haven, if someone leaves the baby with you, do they have to then and there waive parental rights?

Ms. Weaver. No. It varies on a state-by-state basis. In fact, our law has not quite made it through the Senate and the House Representatives. It's still in committee at this point, and we hope that it should pass by the end of the year.

When the mother abandons her baby, with our law, as it's written, and it goes back to the older Pennsylvania law, the mother can still come back to retrieve her baby within a few months if she would like. And it varies on a state-by-state basis; some do waive their rights immediately, others do not.

Mr. Scott. Ms. Dunphy, you indicated a high participation rate. What is that?

Ms. Dunphy. It's about 90 percent.

Mr. Scott. Of people who are offered the service?

Ms. Dunphy. Who are offered the service and who accept it.

Mr. Scott. And you have some goals in here of birth weight and whatnot. How close are you to meeting your goals?

Ms. Dunphy. We meet our goals for 10 years in a row with maybe two percent of our goals not being met over that time period.

Mr. Scott. You mentioned the term "rotten outcomes." Assume if you look at an at risk group you can project out what we're on the hook for in terms of crime, welfare, delinquency, remedial education and everything and the track that you put them on that costs a little bit up front but you save a lot more, has anyone done a cost analysis to show how cost effective the investments are that you are making?

Ms. Dunphy. Well, Dr. Golano at the College of William and Mary, who you're familiar with by testifying before this committee, has conducted a cost analysis of the Hampton Healthy Families program that Dr. Grayson talked about. There's also been numerous studies, and I'm sure Sandra can also mention them, that compare prevention and treatment interventions and the cost involved.

In Virginia, it's estimated that our costs for Healthy Families is $3,200 per family, and we spend for every child in the CPS realm of services about $13,000 per family, and that's considered a very conservative estimate.

Mr. Scott. You spend $13,000?

Ms. Dunphy. Per child per year on children who have ``rotten outcomes." So there are mental health services and court services.

Mr. Scott. And instead of spending the $13,000 for the ``rotten outcomes," what do we spend on the prevention?

Ms. Dunphy. Well, if Health Families who are in intensive home visiting services, it's $3,200 per family, and that varies by state, but that's a pretty common cost factor.

Mr. Scott. Mr. Klicka, you indicated some of the problems with unsubstantiated reports. The constitutional safeguard of investigating crime and requiring entry in the homes is a probable cause standard as you mentioned. With children, in order to, as you've suggested, we use a suspicion standard. You suggested we go to the probable cause standard. Won't we miss a lot of cases if we wait for probable cause instead of using the standard of suspicion?

Mr. Klicka. I don't believe so. In any other area of law enforcement there are certain rules that have to be followed, constitutional standards. And let's use the whole issue of drug use for an example. Drug use is pretty much an epidemic in our country. There are many people engaging in it. You know, it's the root of much of the child abuse we're talking about today. And yet, there are certain requirements that a police officer has to have. They cannot randomly go to a city block in a particular area and say, you know, everybody here has got to do a drug analysis test.

Mr. Scott. Well, don't we have a different standard for children?

Mr. Klicka. They have to have probable cause.

Mr. Scott. On most laws you have freedom of speech, but for pornography, for example, there is a totally different standard when you're dealing with children than dealing with adults. In order to get to the abuse, should we not have a different standard for investigation for children than we do for adults?

Mr. Klicka. I see what you're saying, and I would say that that is understood by most social workers that they believe that there is a separate standard. But constitutionally and when we've litigated this, and I have a number of our cases listed in my testimony, the courts have sided with us and said no, social workers have no greater authority, nor do they have any less standard to follow.

Mr. Scott. Are any of those appellate decisions?

Mr. Klicka. Yes.

Mr. Scott. Could you provide us with the citations?

Mr. Klicka. Yes. In fact, I provided to the committee three of the cases in their entirety. And then I might mention that I also provided to the committee an analysis of the 50 states, the child welfare codes, looking at it from what states have the constitutional standards in place and what don't.

[*The above documents referred to by Mr. Klicka are on file with the committee*]

Mr. Scott. Thank you, Mr. Chairman.

Vice Chairman Tiberi. Thank you, Mr. Scott. Ms. Davis, do you have any questions for the witnesses?

Ms. Davis. Yes. Thank you very much, Mr. Chairman. And thank you to the panelists. I know that there aren't as many of us here because of the circumstances of the day, but I really appreciate your being here and doing the work that you do all the time.

I have a question for Ms. Alexander, and it's in a sensitive area, and I hope that you can help me with this.

I actually was asked by one of my constituents, Dr. Seth Asser, who is a pediatrician, about this. And he had studied medical records. You may be familiar with this and his study. But he studied medical records of 172 children who had died in situations where their parents, due to their sincerely held religious beliefs, did not seek medical care for their children.

That particularly study, which was published by the American Academy of Pediatrics Journal in 1998, found that the vast majority of these children would have been saved with medical attention. And I believe that people's medical beliefs should be protected, but I also want to ensure that our children are protected. And I know that Dr. Asser and the National Child Abuse Coalition, the American Academy of Pediatrics and several other organizations have recommended removing the religious exemptions from CAPTA.

I'm wondering whether you think that would be in the best interest of children, to protect children, and what chances you think one might have of doing that.

Ms. Alexander. I don't think that would be in the best interest of children to continue to have the religious exemption.

I support removing the religious exemption from CAPTA. Currently, CAPTA does not protect all children equally because it does allow, I think since 1996, for parents to refuse medical treatment for their children and, yet, CAPTA requires that medical neglect be part of the abuse definition for states.

As a parent, and speaking for all the parents I know, most parents would stop and stand in front of a speeding train to do anything they could to keep their children from being harmed or to lose their children. In fact, I think that's a parent's greatest nightmare. If CAPTA did not allow states to have the religious exemption, many parents, even with their religious beliefs, would get the care they need for their children.

Ms. Davis. I don't know how involved you were when this initially was put in to CAPTA. Do you think there is a greater acceptance of removing CAPTA today than at the time that it was put in, or do you think that we're actually further along the other way?

Ms. Alexander. Well, you mentioned several of the major groups that support removing the exemption from CAPTA, the American Academy of Pediatrics, the National Child Abuse Coalition, and the United Methodist Church. There are many groups and many people who would like to see all children protected equally.

Ms. Davis. I wonder along with that, or maybe others of you can respond, because I think that as we look at the reauthorizing of CAPTA and as legislators how do you believe that we must work to balance the needs on the personal freedom, our families and child protection, what is the best advice that you have to us?

Mr. Klicka. I really urge that we work here, that Congress works to ensure that this balance is kept. Right now I think the balance is a little bit lopsided against parents. And in my testimony I talked all about innocent families who are just the subject of anonymous tips and fabricated stories about them and, yet, they're subjected to the same trauma as a real child abuser, and it becomes very difficult.

In the area of religious exemption, we're strong advocates of religious freedom as well as parents' rights. Parents really do know best. And there is a lot of medical debate that's going on about different procedures, different treatments for cancer, whether immunizations are effective or not. We've got to be really cautious at the federal level that we don't just wipe out the 50 states of the religious exemption so that they have in place in their state statutes because it's there for a reason. And I think for parents, they should have that right to make decisions for their children regarding, you know, medical procedures.

Ms. Davis. Just as I questioned Ms. Alexander, earlier, would you not be in favor of doing away with those religious exemptions in CAPTA for states?

Ms. Alexander. That's right.

Ms. Dunphy. Ms. Davis, back to your question on I think what I was hearing you say, how do we balance parents' right under the CAPTA law? I think as long as we tilt towards treatment, we're going to infringe it seems on parents' rights on many levels, because we're then going in for the protection of children.

But if you tilt more towards prevention, you have to work with the parents on the front end before things go wrong, and then it becomes more of a choice on parents' part, because prevention is more choice-oriented. It's allowing parents to pursue their desires for their children by having resources available and offer to them in a way that they are making decisions of their own that fit their lives, that fit their desires for their children.

And we know the instincts of parents are to succeed, but right now the balance is tipped. We don't put enough money into prevention. And when you look at prevention programming, it's typically by and large voluntarily offered to parents. So parents' rights would be more preserved with prevention, and children would benefit overall.

Ms. Grayson. I would like to support the removal of the religious exemptions. I think children have rights independent of parent rights that need to be recognized.

Many of the medical neglect cases are complicated, and often they do wind up with court review which is where I think people can work out some of the issues of what are our choices for cancer treatment, what are our choices with a newborn with severe disabilities that needs extensive medical treatment. So I think we do have some mechanisms.

I would point you, again, to the innovations in how we handle child abuse and neglect cases. We've done an issue of the newsletter on this that I'd be happy to provide you with. And we are going toward a system where we can offer help to parents rather than investigation in less serious cases of abuse and neglect.

Vice Chairman Tiberi. Thanks, Ms. Davis. Just a couple of questions and we've have about 10 minutes on the clock for a vote, so we'll play it by ear.

Mr. Klicka I've have a question regarding parental rights. I certainly understand your concern with respect to parental rights and the anonymous tips.

I happened to have had some experience with an organization in central Ohio called CASA. I was on the board for the court appointed special advocates for about six years, and from my experience, you may have, if you change the basis for anonymous tips, you may have people who are reluctant to provide information about abuse.

What would be your thoughts on that?

Mr. Klicka. I think the way to assure that the information keeps coming in if it's real and genuine and factual is that the person is promised that it will be completely confidential, so that when they call in and give their name and address, that's going to be kept confidential by the social worker. It's not going to be revealed to the person that's being investigated. That, I think, would be sufficient to most people. At the same time, if there is a penalty for false reporting, and there's a number of states that have penalties, it's about 17 states of the 50 that have it in their statute, then at the same time as they're identifying themselves and begin to explain what the allegations are, they're going to check themselves and won't go too far.

It's amazing the outlandish, fabricated accounts that people give when they're under the cover of being anonymous; I can say anything I want. This neighbor really bugs me, and I'm going to put them through grief, and that happens.

Any of us here could be called in today and a story made up about us, and then we're going to have a social worker assist talking to our kids, insist on coming in our home and, you know, going through the whole process where you feel like are they going to take my kids.

So I think the solution is to make sure that it remains 100 percent confidential, you know, whoever identifies themselves.

Vice Chairman Tiberi. Thank you. Ms. Dunphy, just quickly, the greatest strengths, the greatest weaknesses of CAPTA.

Ms. Dunphy. It's too focused on treatment and not enough on prevention. We put money into the deep end of the pool.

Ms. Tiberi. And CAPTA's greatest strength?

Ms. Dunphy. Its greatest strength is putting some money into prevention and that you're continuing to put more money into it. I mean we need both. Until we infuse this country with prevention, we're never going to see the balance of treatment disappear.

I work next door in my office to the special foster care director, and that's where we see seriously emotionally disturbed children come through. And my job is to put her out of business. It's a terrible tragedy what these children are going through. And we know how to prevent this, that's the tragedy. We know how to do this. There is tremendous evidence out there, and I wish CAPTA would start investing larger sums of dollars in continuing to refine what we know about prevention and get it out there in a larger scale.

Vice Chairman Tiberi. Dr. Grayson, greatest strength, greatest weakness.

Ms. Grayson. The greatest strength is that CAPTA has been the catalyst for an incredible amount of information and help to children.

When I began my career, it was very easy to be an expert. The books on child abuse fit in one small section of my bookcase. I can barely keep up with a few of the areas in child abuse now. We've made tremendous strides, and we've made them because of CAPTA. We've made those strides in research, in intervention, in court services, in every area.

The greatest weakness I think are the funding levels. You're talking about an extremely small amount of money spread over 50 states. It's just not kept pace, and it's not sufficient. We know that we're effective when CAPTA was originally authorized. We didn't know how effective we could be in helping families. And now that we have models that work, we need to get behind those models and fund them.

Vice Chairman Tiberi. Ms. Alexander, greatest strengths, greatest weakness.

Ms. Alexander. The fact that CAPTA exists is a strength. It certainly helped to provide initial support for many new and innovative programs and to generate some very small amount of money for some research.

Weaknesses. Exactly what the two previous responders have just said. It's very heavily weighted, as it's currently structured to the back end, deep end treatment, which we have to do. We can't reduce the amount of money going into treatment until we work very hard on prevention and start seeing the greater benefits of that.

The funding for some of the state systems is inadequate for the job that's out there to be done. And certainly the funding for prevention efforts is inadequate.

And a weakness is that it doesn't give a strong prevention message.

Vice Chairman Tiberi. Ms. Weaver.

Ms. Weaver. I would say one of the strengths is that it does exist, that we do recognize that there is a problem with child abuse and it does need to be addressed.

A physician at Children's Hospital told one of the weaknesses that I am familiar with to me that you need to do some studies first before money is given out. And she felt as though there was money given out to programs that were more theoretical as opposed to effective, and she'd rather see funding go into proven methods.

Vice Chairman Tiberi. Mr. Klicka, a one minute reply.

Mr. Klicka. It's going to be hard. I think the greatest weakness is that because of CAPTA and all the requirements the states have to do, they are urging the states to do so much more than what they can handle. And if we're talking about money here, the biggest way to save money is to save the social workers all this time of spinning their wheels in 60 to 90 percent of their cases, and that's dealing with the anonymous tip issue and just ensuring that certain basic constitutional standards are kept.

The greatest strength, I would have to agree with the panel here, is in any of its emphasis in CAPTA on prevention. I think education prevention, that's the key in stopping child abuse.

Vice Chairman Tiberi. I want to thank the witnesses for their valuable time and their testimony. Any members who wish to submit any questions to the panelists for the record may do so. Mr. Scott.

Mr. Scott. Mr. Chairman, I would like to at least indicate some questions I'd like responses to if I could just very briefly.

Vice Chairman Tiberi. Okay. I just remind Mr. Scott we have about three minutes until we need to be in the Capitol.

Mr. Scott. First, CAPTA has the research component. We've heard references to it. What kind of research has been done that's been helpful? And what needs to be done? Has training been effective at all? Does CASA work? The gentlemen from Pennsylvania indicated, the Chairman indicated he's a strong supporter of CASA. I would expect that we would have good results on that.

Also, we've heard prevention is important. What are the good prevention programs? Just because you've labeled something prevention doesn't mean it works. What are the good elements of a good prevention program?

And finally, if you had more money, if we can get more money, where should it go?

Thank you, Mr. Chairman.

DR. JOANN GRAYSON'S WRITTEN RESPONSE TO REPRESENTATIVE SCOTT'S QUESTIONS – SEE APPENDIX G

Vice Chairman Tiberi. Thank you, Mr. Scott. If there's no further business before the subcommittee, this subcommittee shall be adjourned.

[Whereupon, at 11:20 a.m., the subcommittee was adjourned.]

APPENDIX A – WRITTEN OPENING STATEMENT OF VICE CHAIRMAN PATRICK J. TIBERI, COMMITTEE ON EDUCATION AND THE WORKFORCE, SUBCOMMITTEE ON SELECT EDUCATION, WASHINGTON, DC

OPENING STATEMENT OF
THE HONORABLE PATRICK TIBERI
VICE CHAIRMAN
SUBCOMMITTEE ON SELECT EDUCATION

HEARING ON
"PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT: POLICY DIRECTIONS FOR THE FUTURE"

WEDNESDAY, OCTOBER 17, 2001

I am pleased to welcome all our guests, witnesses and members to the Select Education Subcommittee hearing on "*Prevention and Treatment of Child Abuse and Neglect: Policy Directions for the Future.*"

As many of you know, one of our subcommittee's responsibilities is to reauthorize the Child Abuse Prevention and Treatment Act (CAPTA). CAPTA established a focal point within the federal government to identify and address issues of child abuse and neglect, and to support effective methods of prevention and treatment.

This is the second hearing held on the reauthorization of CAPTA. Today's hearing is designed to follow up on information and ideas shared at our first hearing held in early August and to learn more about specific issues and topics that were discussed. At that hearing, experts shared with the subcommittee what they believed to be past successes and failures of CAPTA. We heard from experts who emphasized the need for an evidence-based approach to child welfare, as well as several witnesses who spoke of the need for a national policy that emphasizes prevention over treatment.

One specific topic that needs to be discussed further is the total financial costs of child abuse and neglect. Data shows that the total financial costs are quite high and also shows that the cost savings from effective prevention programs are costly too. Direct economic costs are incurred each year at the federal, state and local level to treat the short- and long-term consequences -- physical and emotional -- of child abuse and neglect. And because child maltreatment increases risk for other social ills, the indirect costs -- for special education, substance abuse, teen pregnancy, homelessness and juvenile delinquency -- are even greater.

Among the many issues of interest to the subcommittee, today we hope to learn more about the role infant safe havens could play within CAPTA or the Abandoned Infants Act. Infant safe havens are designed to provide a parent or parents a way to safely relinquish their newborn infant without fear of prosecution for child abandonment. We are also interested in hearing more about parental rights, particularly as to whether or not CAPTA goes far enough in protecting parental rights and family rights.

Today's hearing and the reauthorization of CAPTA provide an important opportunity for us to review and improve upon the policy that has been in place for the past five years. With nearly 3 million reports of possible child maltreatment made to child welfare agencies each year, this problem remains a serious one and deserves our full attention. We hope to learn much at today's hearing about how we can improve CAPTA and continue our work to prevent child abuse and neglect.

This morning we are fortunate to have a distinguished panel of witnesses and I wish to thank each of you for taking the time to be with us. In just a few moments I will proceed with introductions, but at this time I will yield to the gentleman from Indiana, Mr. Roemer, the ranking member for any statement he may have.

APPENDIX B – WRITTEN STATEMENT OF SANDRA P. ALEXANDER, EXECUTIVE DIRECTOR, GEORGIA COUNCIL ON CHILD ABUSE, ATLANTA, GEORGIA

Testimony Prepared for
United States House of Representatives
Committee on Education and the Workforce
Subcommittee on Select Education
October 17, 2001

"Prevention and Treatment of Child Abuse and Neglect: Policy Directions for the Future"
Child Abuse Prevention and Treatment Act (CAPTA)
2001 Reauthorization

Testimony Presented By
Sandra P. Alexander, M.Ed.
Executive Director, Georgia Council on Child Abuse
Atlanta, Georgia

Good morning, Mr. Chairman and members of the House Education and the Workforce Subcommittee on Select Education. Thank you for the opportunity to appear before you on behalf of the Georgia Council on Child Abuse and to support the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). I urge you to assure that CAPTA supports and sends a clear message that the abuse of children is a major public health problem that, like all public health problems, requires a strong **prevention** approach.

My name is Sandra Alexander. I speak to you today as a professional with more than 30 years' experience working to protect children from abuse, and as the Executive Director of the Georgia Council on Child Abuse. I am also President of the American Professional Society on the Abuse of Children and, as the chair of the Fulton County (Atlanta) Child Fatality Review Committee, I see first hand the tragic immediate and delayed outcomes of child abuse.

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The Georgia Council on Child Abuse is the only statewide nonprofit organization in Georgia dedicated solely to the prevention of child abuse and neglect. For more than 20 years, the Georgia Council on Child Abuse has developed and promoted child abuse prevention programs and awareness with **minimum** state government support and **little to no federal funds**. We provide leadership for the establishment of 51 community-based child abuse prevention councils across Georgia, 21 intensive home visitation programs for high-risk families of newborns through Healthy Families America/Georgia, 44 First Steps programs in Georgia, 55 in 20 other states and three in military installations in Germany and Belgium to all new parents. We offer a statewide toll-free Helpline that is used primarily by parents and children reaching out for help, and teach personal safety, sexual abuse and violence prevention programs to thousands of children. Our organization educates thousands of professionals, citizens, and volunteers about child abuse prevention and treatment. We have been strong advocates at our state legislature and in the media for a prevention approach to the problem of child abuse. And we have engaged the corporate community in supporting this message.

CHILD ABUSE: A PERSONAL SAFETY AND HEALTH RISK FOR AMERICA'S CHILDREN

In light of the terrorist activities in recent weeks, you, our country's leaders, are focused on our nation's security and the protection of our citizens. While most of us have come to know fear for our safety in a new way since September 11, for millions of children in our country personal safety is not a new fear. They wake up and go to sleep each day wondering how and when the next assault on them will occur from their parents or others in their home or neighborhood. They are emotionally, physically, and sexually assaulted and they are ignored and left to fend for themselves. Today I am speaking on behalf of these children. I am asking you to speak for them as well when you reauthorize CAPTA. Children cannot speak for themselves on this issue. Children cannot vote. Children cannot stop abuse. But you, I and all other adults can.

President Bush and the First Lady have said several times since the attacks we should "love our children." And most parents love their children to the best of their abilities. Unfortunately, for millions of children, their parents' abilities are not very good or are absent. And for those children, it is dangerous to be loved by their parents. Child abuse is "parenting gone wrong" and it has lousy outcomes for children and society. It robs children of their childhood, shatters their bodies and self-esteem and nationally kills more than 2,000 children each year. Just since CAPTA was last reauthorized in 1996, there have been more than 6 million confirmed reports of abuse and more than 10,000 children killed as a direct result of abuse. Thousands of others have died as an indirect result of abuse.

There is ample data to support that children who survive abuse are more likely to have physical and mental health problems, and retarded or delayed brain development, and they are more likely to show up as a juvenile delinquent, pregnant teen, bully, domestic violence victim or perpetrator, adult criminal, or parent who then abuses their child. And business leaders are beginning to recognize that the impact of abuse takes a toll on their employees' ability to be productive in the workplace. It limits children from reaching their full potential and becoming productive citizens and consumers, and it costs business and communities billions in tax dollars to treat. Given this knowledge, many corporations are investing their philanthropic dollars and employee volunteer hours to support front-end prevention programs. It not only makes business sense, it is the humane thing to do. An example of this is the Freddie Mac Foundation support for the development of Healthy Families America and other prevention efforts around the country. Also, Hawaii Shell gas stations display big signs proclaiming "Prevent Child Abuse" and advise that a portion of each gas purchase will support child abuse prevention in that state. This partnership with Shell also occurs in other states.

In Georgia, we have forged a number of successful corporate partnerships that have raised funds and helped "market" prevention as a community priority. For example, Goody's Family Clothing devotes one month each year to making child abuse prevention the theme in their 47 stores in Georgia. Their store front displays have manikins dressed in Georgia Council on Child Abuse prevention tee-shirts, they have display information about prevention, their employees wear buttons promoting prevention, they sell "prevention kid" cutouts for $1 at checkout, and customers receive prevention tips in their checkout bags. They also have opened their store for a family night picnic affair with entertainment, games for children, and drawings for gifts. They have raised $222,000 over four years. **Most importantly, they communicated to their customers that they care about keeping abuse from happening, they are doing something about it, and they are offering their employees and customers concrete ways to be part of the solution, not part of the problem.**

Another corporate partnership example developed by the Georgia Council on Child Abuse was with Tom Glavine of the Atlanta Braves, Pepsi, and the Publix grocery chain. This project benefited Prevent Child Abuse America chapters in Georgia, South Carolina, and Alabama. For a month, Publix grocery stores in those states put prevention messages on shelf talkers for certain Pepsi products and donated a portion of Pepsi sales to prevention. Large posters throughout the stores featured Tom Glavine in pitching action calling for shoppers to "Come in for the Save." Parenting tips with a helpline number were distributed to shoppers at checkout. A similar project with Tom Glavine, Nabisco, and Winn Dixie stores ran just in Georgia for several years. Again, the most important part of these campaigns was the corporate community and a well-known sports figure saying prevention of child abuse deserves your attention.

Corporate partnerships are essential to effective child abuse prevention efforts, but we cannot succeed without the leadership and resources of our federal government.

CAPTA: AN OPPORTUNITY TO CHANGE THE FUTURE

CAPTA has always been considered the core of the federal response to child abuse and neglect. CAPTA legislation has certainly resulted in positive changes in the child protective service system and has provided modest support for community-based prevention programs. These successes have been highlighted in previous testimony you have heard from Charles Wilson representing the National Child Abuse Coalition, and Dr. Richard Gelles, and Deborah Strong representing Prevent Child Abuse America. The

Georgia Council on Child Abuse supports the recommendations of the National Child Abuse Coalition and Prevent Child Abuse America regarding the reauthorization of CAPTA. Testimony from each of these groups and from Dr. Gelles pointed out that the current level of funding for CAPTA is inadequate. The appropriations fall short of the $166 million authorized for CAPTA, and even if funded at the authorized level, would not be enough to produce significant change.

With almost 30 years of CAPTA as the centerpiece of the federal response to child abuse, **we have not made a significant impact on changing the number of children who are abused and neglected in our country.** I propose that there are many reasons for this, including the following:

- **CAPTA has never provided sufficient funds to support effective state child protective service systems.** For example, Georgia, with the 10th largest child population, receives only $500,000 in the CAPTA basic state grant program.
- **Child abuse is defined by law as a crime. Yet we have not responded to it as a crime.** We send social workers, many who are well meaning but poorly prepared for such a task, out alone to investigate and make life or death decisions for a child. While most states recognize that joint protective service/law enforcement investigations are the ideal in many reports of abuse, this occurs in very few cases in our state. And, as our state child welfare system tries to become more family friendly, it leaves the workers "schizophrenic" about their role and has the potential of placing children at greater risk. There is no other crime that I am aware of that sends social workers alone to investigate such reports. **Families**

most definitely deserve to be supported in their efforts to raise their children in a safe and healthy environment. This support should begin at the earliest possible point, not just after a report of abuse has been made. And our child protective staff must be better trained in how to identify which families have potential to change their abusive behavior and which cannot change without further detrimental risk to their children. We do not have evidence to support that our system can do this.

- In our state, **when the state child welfare system sets out to design a community-based prevention plan, it does so without any consultation with or input from nongovernment programs or organizations** like the Georgia Council on Child Abuse, which has more than 20 years' experience in successful child abuse prevention and is regarded as a leader in prevention in the nation. This risks duplication and does not build on the foundation already in place.
- **Most importantly, CAPTA, in its current state, is structured to focus on a vision of "a world with child abuse."** A world where by age 5, Jason had survived years of physical and emotional abuse. By age 25, his son wished he hadn't. A world where Sarah is either home alone or on the streets at night. A world where Terrell Petersen was sent back to an abusive home and died because our protective service system, medical professionals and juvenile court did not protect him. A world where for 5-year-old Shanika, and 11-year-old Paige, it is not sex, it is abuse. Even though it is the only piece of national legislation that directly addresses the prevention of child abuse and neglect, the majority of CAPTA funds are targeted to responding to abuse "after it occurs." **In fact, for**

every federal dollar spent on treating victims of child abuse (and that amount must not be reduced at this point), **we spend only ONE PENNY on prevention. That is not just a profound human tragedy, it doesn't make fiscal sense.** This spring, Prevent Child Abuse America released a study with these shocking results: American taxpayers spend $258 million every single day on the direct and indirect costs of child abuse, which equates to $1,461.66 spent each year by every family in America. Families pay only $1.06 for prevention. This is at a time when a recent poll by Prevent Child Abuse America of 1,351 adults revealed that **child abuse is at the top of the public's list of most important public health issues facing our country today** (50%), compared to other public health issues like drug and alcohol abuse (20%), heart disease (18%), cancer and HIV/AIDS (12%).

DIRECTIONS FOR THE FUTURE

Today I ask that you use the reauthorization of CAPTA as an opportunity to make a bold shift of the CAPTA response from one that is focused on a vision of a world with child abuse, to a response that focuses on a "vision of a world without child abuse."

It is not so much that we don't know what to do to prevent abuse. It is that we don't do it in a consistent manner. Most prevention efforts start at the grass roots, private level. Traditionally, they have been fragmented and underfunded. Few, if any, have been able to go to scale and there has been no funding for longitudinal research. If a program produces any outcome data that doesn't definitively show that abuse reports have gone down (probably not the correct measure in the first place), it either loses funding or gets a "bad rap." Few have been given an opportunity to use both the positive and less positive outcome data to make changes that could lead to more effective programs. Rather, a potentially promising program struggles or dies, and someone else starts up another similar pilot program, usually with another name, and the cycle repeats.

There has been no national agenda for prevention. What would it mean if we had such a thing? I have heard Dr. Richard Gelles say on numerous occasions that if "good intentions with child abuse were enough, we wouldn't be here today." We have to move from "lip service" and good intentions about preventing children from being abused to actually doing something about it with a clear message from the federal government that prevention is a priority. **Given what we know, I propose the following:**

1. **Fully fund CAPTA and invest in the vision of a world without child abuse by providing a more balanced approach to prevention and treatment funding.**
2. **Invest in evidence-based prevention strategies.** To date, most of the evidence-based data for prevention has come from the private community, not from federal efforts. Use the findings of the project currently under way through the Office of Child Abuse and Neglect (OCAN) aimed at developing standards for "model" and "promising" prevention approaches and identifying programs meeting those standards. Examples of programs that may have the potential to end up on that list are the *Healthy Families America* program for intensive home visitation for families of newborns, the *Second Step* violence prevention program developed by

the Committee for Children in Seattle, or the *STOP IT NOW* public awareness program targeted to sexual abusers that has produced impressive results in Vermont.

- *Healthy Families America* is a national initiative of Prevent Child Abuse America and partners across the country to provide intensive home visitation to families with newborns that are high risk for abuse. There are now more than 450 Healthy Families sites across the country. The Georgia Council on Child Abuse has provided leadership and invested in this home visitation model for the past ten years and now has 21 Healthy Families Georgia sites. In 1999-2000, 16 of these sites served 3,927 families, with 2,233 of the families receiving voluntary home visitation services. These sites are funded by state and private funds. A number of the initial sites started with all or the majority of their funding coming from the private sector. In Georgia and a number of other Healthy Families sites across the country, the program takes a universal approach, offering voluntary short-term, less intensive support and parenting information to all new parents through the Georgia-developed *First Steps* program, and long-term intensive home visitation to those parents with the greatest needs. More than 10,500 families were served by Georgia First Steps programs in 1999-2000. The outcomes for participants in the Georgia programs mirror those of other programs in the country:

1. At one year of age, 98% of the children in families participating in Healthy Families Georgia were completely up-to-date on their immunizations. Statewide immunizations rate is about 80%.
2. Parents receiving program services were more likely to have organized their children's home environment to promote optimal development and to provide their children with age-appropriate play materials.
3. Parents showed improved parent-child interaction, particularly the emotional and verbal responsivity of the parent and parent's acceptance of the child's behavior.
4. Program parents were significantly less at risk for abusing than parents who did not receive program services, with significantly fewer adjustment problems and lower rigidity scores.
5. Enrolled parents have more appropriate expectations of their children and are more empathetically aware of their children's needs than comparison families. Enrolled parents are also less likely to demonstrate parent-child role reversal and less likely to value corporal punishment.
6. 97% of teens parents participating in Healthy Families Georgia did not experience a second pregnancy
7. 98% of Healthy Families Georgia families are linked to a medical provider

Nothing describes the value of the early support offered by home visitors to often young and unprepared parents than the story of Aisha, a teen mom who lived in Atlanta with her mother, a crack cocaine addict, who used Aisha's food stamps and public assistance to fund her drug habit. When Aisha entered the program, she did not attend school, did not make eye contact with the home visitor and responded with only yes or no. Beginning right after the birth of Aisha's baby, the Healthy Families home visitor provided consistent support, served as a role model that Aisha had never had, and also was a "cheerleader" for the change and efforts Aisha was willing to undertake to change the future for herself and her child. After participating in Healthy Families Georgia for three years, Aisha re-enrolled in school and headed toward graduation. She asked her home visitor to attend a teacher conference with her, moved to independent living arrangements and secured appropriate child care for her baby while she was in school. When the Georgia Council was looking for someone to speak to our community funding partners about why this program was important, Aisha, the young woman who could not make eye contact three years before and had all of the risk factors for a lousy outcome, volunteered to come and stand up in front of 100 Atlanta business leaders and in her own words describe how her voluntary participation in Healthy Families Georgia helped her learn to care for herself and her baby. This is prevention as it should be.

- *Second Step* ® is a violence prevention program that teaches children to change the attitudes and behaviors that contribute to violence. A school-based social skills curriculum for preschool through junior high with family components teaches empathy, impulse control, and anger management. A one-year evaluation (Grossman, D. The effectiveness of a violence prevention curriculum among children in elementary school, May 28, 1997. Journal of the American Medical Association, Vol. 277, No. 20, 1605-1611.) found that physical aggression decreased from autumn to spring among students in the Second Step program and increased among students in the control classes. Six months later, students in the Second Step classes maintained higher levels of positive interaction. A three-year longitudinal study of the impact on student behavior is currently under way.

- *STOP IT NOW* is a program that targets child sexual abusers and addresses sexual abuse as a public health issue by utilizing a social marketing campaign. Over the last four years, 118 people in Vermont turned themselves in as child abusers – not because of a victim report, but because they took responsibility for their abuse. And the number of people who could properly describe child sexual abuse increased from 44.5% in 1995 to 84.8% in 1999.

3. **Identify child abuse as a major public health problem. Support primary prevention strategies that include social marketing and public awareness campaigns.** The problems of drinking and driving, smoking, cancer, AIDS, polio, and every other public health issue have been approached with a major campaign to prevent the problem as well as to treat it when it happens. Strong public awareness and social marketing campaigns have been a major part of the prevention efforts. It is time for the same to occur with child abuse.
4. **Encourage and support prevention efforts that bring more than the "usual suspects"** as Dr. Gelles would say, **to the table.** When our country faces other major health and safety problems, it brings the best and brightest minds in many

fields together to work on solutions, and it puts the needed resources on the table. We need to do the same for child abuse. We need medical, law enforcement, parents, children, child welfare, education, faith communities, scientists, etc. to solve this problem. And we need partnerships with the business community, which has expertise and resources that are not commonly found in the child welfare community. Business leaders are accustomed to working toward goals and outcomes and meeting those targets. They know how to think and plan strategically, leverage resources, negotiate to achieve their broader mission, and market their product. Our product is prevention. It is not an easy sell because if we are successful, prevention is invisible.

5. **Encourage replication of public/private partnerships that involve the corporate community.** For example, the Community Based Family Resource and Support Program (CBFRS) prevention grants are discretionary based upon each state's implementing agency. CAPTA could require at least 10% of CBFRS funds be nondiscretionary for prevention efforts that engage the corporate community. Similarly, the formula for CAPTA funding for community-based grants could be revised to include a base amount per state, with the remaining funds only allocated as challenge grants to include corporate partnership participation grants to communities.
6. **Support efforts that attempt to bring together the multiple private organizations working on child abuse so as to minimize duplication and confusion, and maximize infrastructure costs and coordination.** The National Call to Action has been working on bringing groups together to support a national

advocacy agenda. Much progress has been made, but it has not been easy getting the many players to agree on what this agenda might be. To achieve the mission of preventing abuse, the players have to be able to work together in the most effective and cost efficient way, even if this means giving up some organization-specific goals in order to achieve the greater goal.

7. **Support health-based model approaches for forensic diagnosis and comprehensive evaluations in child abuse cases.** Child Protective Services is not structurally capable of making many of these decisions, but health-led multidisciplinary teams can. Florida spends about $24 million each year on such a system. All child abuse reports are reviewed by the experts in 25 centers of excellence. New Jersey has a similar, more limited system. Forty-eight other states have no center of excellence system. As a result, child abuse investigation is less “excellent” there.
8. **Fund the re-activation of the National Advisory Board on Child Abuse and pay attention to their past and future recommendations.**
9. **Support longitudinal research and evaluation to identify and take effective programs to scale.**

Clearly, as a nation, we have not made prevention a priority and CAPTA has never been funded at a level to impact significant change. As you reauthorize CAPTA, I encourage you to make some bold changes that will lay the foundation for a national agenda for the prevention of child abuse.

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News Release

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Cost of Child Abuse & Neglect in U.S. Estimated at $258 Million Per Day

First-Ever Analysis Shows Staggering Financial Drain on Social, Medical and Judicial Services

NEW YORK CITY, April 2, 2001 – As the nation began its observance of Child Abuse Prevention Month, a landmark report estimates that the United States spends $258 million each day as a direct or indirect result of the abuse and neglect of our nation's children. The estimate includes the direct costs associated with intervening to help, and treating the medical and emotional problems suffered by abused and neglected children, as well as the indirect costs associated with the long-term consequences of abuse and neglect to both the individual and society at large. The annual costs are equivalent to $1,461.66 per U.S. family.

Each year, more than 3 million children are reported as abused or neglected in the United States, and more than 1 million of these reports are confirmed, according to the author of the study, Prevent Child Abuse America. The cost analysis released today, which was funded by a grant from the Edna McConnell Clark Foundation, represents the first comprehensive attempt to estimate the costs associated with such abuse and neglect nationally.

The announcement came at a news conference jointly held by Prevent Child Abuse America and the National Basketball Association (NBA), a long-time supporter of Prevent Child Abuse America. During the month of April, the NBA is holding Child Abuse Prevention Awareness Night 2001 in each of its 29 arenas in the United States and Canada, to raise public awareness about the importance of child abuse and neglect prevention.

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Studies have shown for years that abused and neglected children are less likely to be school-ready and more likely to exhibit behavior disorders, to become teen parents and juvenile criminals, and to abuse alcohol and drugs. These consequences can become more pronounced as abused or neglected children grow into adulthood, making them more likely to become adult criminals and to develop chronic illnesses.

As a result, a broad range of services – from medical and mental health care to special education and law enforcement – are brought to bear, often at a staggering cost to society. According to the study by Prevent Child Abuse America, for example, the cost of hospitalization for abused and neglected children is estimated to be $17 million each day (or $6.2 billion annually), while the total annual cost to the child welfare system is estimated at $39 million each day (or $14.4 billion each year).

Total Daily Cost of Child Abuse & Neglect in the United States

Direct Costs	Estimated Daily Cost
Health Care System	
Hospitalization	$17,001,082
Chronic Health Problems	8,186,185
Mental Health Care System	1,164,686
Child Welfare System	39,452,054
Law Enforcement	67,698
Judicial System	934,725
Total Direct Costs	*$66,806,430*
Indirect Costs	
Special Education	$612,624
Mental Health and Health Care	12,678,455
Juvenile Delinquency	$24,124,086
Lost Productivity to Society	1,797,280
Adult Criminality	151,726,027
Total Indirect Costs	*$190,938,452*
TOTAL COST	$257,744,882

Data courtesy of Prevent Child Abuse America

Note: The statistical data used to compile this chart is available on our web site, www.preventchildabuse.org or by calling Melissa Pelletier at 312.663.3520 ext. 146.

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"We've known for years that abused and neglected children pay a terrible price, in terms of their own physical and mental health," said A. Sidney Johnson III, president and CEO of Prevent Child Abuse America. "Now, we have a better understanding about how much abuse and neglect is costing our society, and that cost is more than $258 million every day, nearly $94 billion each year."

The data used to obtain the total cost to society was based on research from a variety of sources, which was then compared with data relating to child abuse and neglect. For example, the cost of adult criminality was obtained by multiplying the total annual cost of violent crime in the United States by the percentage of total crime estimated to be attributable to earlier child maltreatment (13 percent), resulting in an estimated annual cost of $55.4 billion. Since conservative estimates were used in all instances, Prevent Child Abuse America said the actual annual cost of child maltreatment in the United States could be considerably higher than its estimate of $94 billion.

"Until we recognize the value of prevention and invest adequate resources to support prevention activities, we will never eradicate child abuse and neglect and we will continue to exact an astronomical cost on both the individuals being abused and our society at large," said Johnson.

Prevent Child Abuse America is the leading organization working at the national, state and local levels to prevent the abuse and neglect of our nation's children. Headquartered in Chicago, Prevent Child Abuse America has 39 chapters in 38 states and the District of Columbia, and is supported by private and corporate donors. The organization is widely known for its public awareness, education, prevention programs, advocacy and research.

More information about the prevention of child abuse and neglect is available by calling Prevent Child Abuse America at 1-800-CHILDREN or by accessing the organization's web site, www.preventchildabuse.org.

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Total Estimated Cost of Child Abuse and Neglect In the United States

Statistical Evidence

Introduction

For years, we have recognized the tragic effects of abuse and neglect on the children against which it is perpetrated. Innumerable scientific studies have documented the link between the abuse and neglect of children and a wide range of medical, emotional, psychological and behavioral disorders. For example, abused and neglected children are more likely to suffer from depression, alcoholism, drug abuse and severe obesity. They are also more likely to require special education in school and to become juvenile delinquents and adult criminals.

This data represents the first attempt to document the nationwide costs resulting from abuse and neglect. These costs can be placed in one of two categories: **direct** (those costs associated with the immediate needs of abused or neglected children) and **indirect** (those costs associated with the long-term and/or secondary effects of child abuse and neglect).

The data cited in the following pages has been drawn from a variety of sources, including the Department of Health and Human Services, the Department of Justice, the U.S. Census and others. Appropriate data citations are included throughout the report.

In all instances, we have opted to use conservative estimates. For instance, only children who could be classified as being abused or neglected according to the harm standard were included in the analysis. The harm standard is the U.S. Department of Health and Human Services' more stringent classification category. In addition, we have not attempted to quantify all of the indirect costs of abuse and neglect including, for example, the provision of Welfare benefits to adults whose economic condition is a direct result of the abuse and neglect they suffered as children. For this reason, we believe the estimate of $94 billion per year is conservative.

Regardless of the economic costs associated with child abuse and neglect, it is impossible to overstate the tragic consequences endured by the children themselves. Each year, more than three million children are reported as abused or neglected in the United States. And three children die each day from abuse and neglect in this country. The costs of such human suffering are incalculable.

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Prevent Child Abuse America

Total Annual Cost of Child Abuse and Neglect in the United States
DIRECT COSTS
Statistical Justification Data

Direct Costs	Estimated Annual Cost
Hospitalization *Rationale: 585,000 children were reported as suffering serious harm from abuse in 1993[1]. One of the less severe injuries is a broken or fractured bone. Cost of treating a fracture or dislocation of the radius or ulna per incident is $10,983[2].* *Calculation: 585,000 x $10,983*	**$6,205,395,000**
Chronic Health Problems *Rationale: 30% of maltreated children suffer chronic medical problems[3]. The cost of treating a child with asthma per incident in the hospital is $6,410.* *Calculations: .30 x 1,553,800 = 446,140; 446,140 x $6,410*	**2,987,957,400**
Mental Health Care System *Rationale: 743,200 children were abused in 1993[4]. For purposes of obtaining a conservative estimate, neglected children are not included. One of the costs to the mental health care system is counseling. Estimated cost per family for counseling is $2,860[5]. One in five abused children is estimated to receive these services.* *Calculations: 743,200/5 = 148,640; 148,640 x $2,860*	**425,110,400**
Child Welfare System *Rationale: The Urban Institute published a paper in 1999 reporting on the results of a study it conducted estimating child welfare costs associated with child abuse and neglect to be $14.4 billion[6].*	**14,400,000,000**
Law Enforcement *Rationale: The National Institute of Justice estimates the following costs of police services for each of the following interventions: child sexual abuse ($56); physical abuse ($20); emotional abuse ($20) and child educational neglect ($2)[7]. Cross referenced against DHHS statistics on number of each incidents occurring annually[8].* *Calculations; Physical Abuse – 381,700 x $20 = $7,634,000; Sexual Abuse – 217,700 x $56 = $12,191,200; Emotional Abuse – 204,500 x $20 = $4,090,000; and Educational Neglect – 397,300 x $2 = $794,600*	**24,709,800**
Judicial System *Rationale: The Dallas Commission on Children and Youth determined the cost per initiated court action for each case of child maltreatment was $1,372.34[9]. Approximately 16% of child abuse victims have court action taken on their behalf.* *Calculations: 1,553,800 cases nationwide[10] x .16 = 248,608 victims with court action; 248,608 x $1,372.34*	**341,174,702**
Total Direct Costs	***$24,384,347,302***

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[1] Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S Department of Health and Human Services.

[2] HCUPnet (2000). Available on-line at http://www.ahrq.gov/data/hcup/hcupnet.htm.

[3] Hammerle (1992) as cited in Myles, K.T. (2001) Disabilities Caused by Child Maltreatment: Incidence, Prevalence and Financial Data.

[4] Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

[5] Daro, D. Confronting Child Abuse (New York, NY: The Free Press, 1988).

[6] Geen, Waters Boots and Tumlin (March 1999). The Cost of Protecting Vulnerable Children: Understanding Federal, State, and Local Child Welfare Spending. The Urban Institute.

[7] Miller, T., Cohen, M. & Wiersema (1996). Victims' Cost and Consequences: A New Look. The National Institute of Justice. Available on-line at www.nij.com.

[8] Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

[9] Dallas Commission on Children and Youth (1988). A Step Towards a Business Plan for Children in Dallas County: Technical Report Child Abuse and Neglect. Available on-line at www.ccgd.org.

[10] Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

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Prevent Child Abuse America

Total Annual Cost of Child Abuse and Neglect in the United States
INDIRECT COSTS
Statistical Justification Data

Indirect Costs	Estimated Annual Cost
Special Education *Rationale: More than 22% of abused children have a learning disorder requiring special education[11]. Total cost per child for learning disorders is $655 per year.* *Calculations: 1,553,800[12] x .22 = 341,386; 341,386 x $656*	$223,607,830
Mental Health and Health Care *The health care cost per woman related to child abuse and neglect is $8,175,816/163,844=$50[13]. If the costs were similar for men, we could estimate that $50 x 185,105,441[14] adults in the U.S. cost the nation $9,255,272,050. However, the costs for men are likely to be very different and a more conservative estimate would be half of that amount.*	4,627,636,025
Juvenile Delinquency *Rationale: 26% of children who are abused or neglected become delinquents, compared to 17% of children as a whole[15], for a difference of 9%. Cost per year per child for incarceration is $62,966. Average length of incarceration in Michigan is 15 months[16].* *Calculations: 0.09 x 1,553,800[17] = 139,842; 139,842 x $62,966 = $8,805,291,372*	8,805,291,372
Lost Productivity to Society *Rationale: Abused and neglected children grow up to be disproportionately affected by unemployment and underemployment. Lost productivity has been estimated at $656 million to $1.3 billion[18]. Conservative estimate is used.*	656,000,000
Adult Criminality *Rationale: Violent crime in U.S. costs $426 billion per year[19]. According to the National Institute of Justice, 13% of all violence can be linked to earlier child maltreatment[20].* *Calculations: $426 billion x .13*	55,380,000,000
Total Indirect Costs	*$69,692,535,227*
TOTAL COST	$94,076,882,529

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[11] Hammerle (1992) as cited in Daro, D., Confronting Child Abuse (New York, NY: The Free Press, 1988).

[12] Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

[13] Walker, E, Unutzer, J., Rutter, C., Gelfand, A. Saunders, K., VonKorff, M. Koss, M. & Katon, W. (1997). Cost of Health Care Use by Women HMO Members with a History of Childhood Abuse and Neglect. Arc General Psychiatry, Vol 56, 609-613.

[14] US Census. Available on-line at www.census.gov.

[15] Widom (2000). The Cycle of Violence. Available on-line. U.S. Department of Justice, National Institute of Justice.

[16] Caldwell, R.A. (1992). The Costs of Child Abuse vs. Child Abuse Prevention: Michigan's Experience. Michigan Children's Trust Fund and Michigan State University.

[17] Sedlak, A. & Broadhurst, D. (1996). The Third National Incidence Study of Child Abuse and Neglect: NIS 3. U.S. Department of Health and Human Services.

[18] Widom (2000). The Cycle of Violence. Available on-line. U.S. Department of Justice, National Institute of Justice.

[19] Trends to Watch: 1998 and Beyond: Readers Digest. Ministry Development Division: Washington D.C, 1998.

[20] Miller, T., Cohen, M. & Wiersema (1996). Victims Cost and Consequences: A New Look. The National Institute of Justice. Available on-line at www.nij.com.

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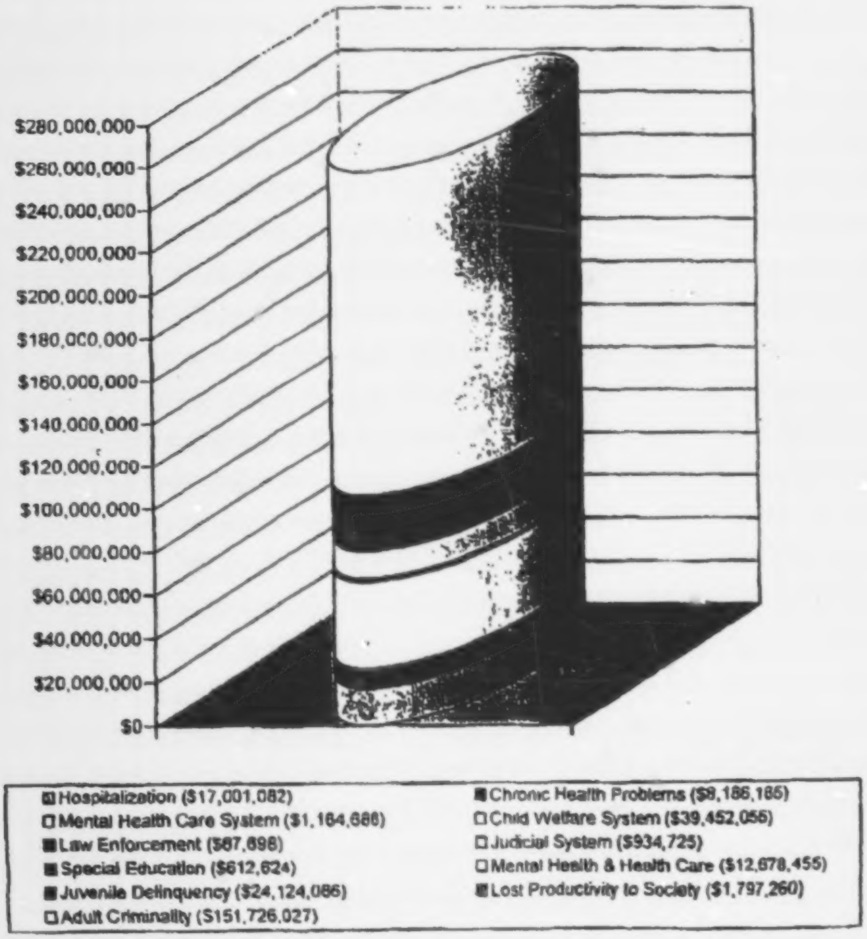
Prevent Child Abuse America

Total Daily Cost of Child Abuse & Neglect in the U.S.



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News Release

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FOR IMMEDIATE RELEASE

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For Every Dollar Spent on Treatment of Child Abuse, U.S. Spends Only One Penny on Prevention

Congress Urged to Use 1% of 2001 Budget Surplus To Increase Funding for Child Abuse Prevention

CHICAGO, IL – May 9, 2000 – On the eve of subcommittee mark-ups for the fiscal year 2001 federal budget, Congress is being urged to earmark one percent of the projected $14 billion budget surplus for child abuse prevention. The House and Senate Appropriations Subcommittees for Labor, Health and Human Services, and Education are scheduled to meet Wednesday, May 10.

Prevent Child Abuse America is leading the nationwide initiative, **One Percent to Prevent**, in an effort to offset the dramatic imbalance between the federal dollars appropriated for child abuse prevention and those spent on treatment of its victims. This initiative has received the endorsement of the National Call to Action, comprised of national organizations including the American Academy of Pediatrics, the American Medical Association and the Children's Defense Fund.

"It doesn't make sense for this country to spend one dollar treating victims of child abuse and neglect while spending only one penny trying to prevent the abuse or neglect from occurring in the first place," explained A. Sidney Johnson III, president of Prevent Child Abuse America.

According to Johnson, although spending on treatment is critical, increased focus on prevention would have greater impact on reducing the actual incidence of abuse and neglect, instead of focusing our attention and resources on children only after the maltreatment has occurred and been reported. Since abused and neglected children are more likely to become

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alcohol and drug abusers, and to suffer from chronic illnesses, prevention of abuse and neglect could also substantially reduce the need for spending in other areas of public health.

To better address this imbalance, Prevent Child Abuse America is calling on Congress to fully fund the Child Abuse Prevention and Treatment Act (CAPTA) and to support child abuse prevention research through the Centers for Disease Control and Prevention. The increased funding would total $140 million, or one percent of next year's projected budget surplus.

CAPTA represents the federal and state partnership to prevent child maltreatment at the state and community levels, providing funding for child abuse prevention, research and training, as well as innovations in child protective services. Despite the large number of children reported abused and neglected each year, funding has never been appropriated at its fully authorized level since CAPTA was enacted in 1974. In fact, the current year's appropriation of $68 million is only 40 percent of the authorized level of $166 million.

In 1998, approximately 3,154,000 children were reported abused or neglected in the United States, according to Prevent Child Abuse America. More than one million of these reports were confirmed. Recent data also shows that three children die each day in the United States from abuse or neglect.

In its role as the nation's leading public health research organization, the Centers for Disease Control and Prevention has been encouraged by Congress to support research on child abuse and neglect but has never been given funding for this purpose. Prevent Child Abuse America is calling for $42 million in funding for the center's child abuse research.

In February, a poll commissioned by Prevent Child Abuse America found that 50 percent of Americans believe child abuse and neglect is the nation's most important public health issue, far surpassing cancer, heart disease, drug and alcohol abuse, and HIV/AIDS.

Despite the statistics, funding for child abuse prevention and treatment lags woefully behind spending on other public health concerns. Funding for research on substance abuse, for example,

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is ten times higher than for child abuse prevention and treatment. Spending on cancer research outpaces funding for child abuse by a ratio of 49 to one.

"This year, we're spending $3.3 billion for cancer research and $2 billion on heart disease, and those are important investments for us to make," said Johnson. "But, how can we justify spending only $68 million to prevent child abuse and neglect when we know that reducing child maltreatment will contribute to fewer incidents of those chronic illnesses?"

Prevent Child Abuse America (formerly the National Committee to Prevent Child Abuse) is the leading organization working at the national, state and local levels to prevent child abuse in all its forms. Headquartered in Chicago, Prevent Child Abuse America has approximately 40 state chapters and is supported by private and corporate donors. The organization is widely known for its public awareness, education, prevention programs, advocacy and research.

More information about **One Percent to Prevent** and the issue of child abuse prevention is available by calling Prevent Child Abuse America at 1-800-CHILDREN or by accessing the organization's website, www.preventchildabuse.org.

###

Public Health Issue	Estimated Number of Americans Affected	FY 2000 Federal Spending on Research	Spending Per Affected American
HIV/AIDS	393,045[1]	$1.8 billion[2]	$4,665
Cancer	757,600[3]	$3.3 billion[4]	$4,398
Alcohol Abuse	3,100,000[5]	$293 million[6]	$95
Drug Abuse	13,000,000[7]	$689 million[8]	$53
Heart Disease	59,700,000[9]	$2.0 billion[10]	$34
Child Abuse	3,154,000[11]	$68 million[12]	$22

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[1] HIV/AIDS Surveillance Report, Vol. 11, No. 1
[2] National Institute of Health, "NIH Fiscal Year 2001 Plan for HIV-Related Research, Appendix B"
[3] American Cancer Society as published in Time Magazine, 11/08/99, pg. 80.
[4] Public Law 106-113, Consolidated Appropriations Act, 2000
[5] National Household Survey on Drug Abuse: Main Findings, 1997, p. 169
[6] Public Law 106-113, Consolidated Appropriations Act, 2000
[7] U.S. Department of Health and Human Services, "Substance Abuse: A National Challenge," 12/20/97.
[8] Public Law 106-113, Consolidated Appropriations Act, 2000
[9] American Heart Association, www.americanheart.org/statistics/03cardio.html
[10] Public Law 106-113, Consolidated Appropriations Act, 2000
[11] Prevent Child Abuse America, "1998 50-State Survey"
[12] Public Law 106-113, Consolidated Appropriations Act, 2000

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Committee on Education and the Workforce

Witness Disclosure Requirement – "Truth in Testimony"
Required by House Rule XI, Clause 2(g)

Your Name: Sandra P. Alexander		
1. Will you be representing a federal, State, or local government entity? (If the answer is yes please contact the Committee).	**Yes**	**No** X
2. Please list any federal grants or contracts (including subgrants or subcontracts) which you have received since October 1, 1998: None		
3. Will you be representing an entity other than a government entity?	**Yes** X	**No**
4. Other than yourself, please list what entity or entities you will be representing. Georgia Council on Child Abuse (Name is changing to Prevent Child Abuse Georgia on October 23, 2001.)		
5. Please list any offices or elected positions held and/or briefly describe your representational capacity with each of the entities you listed in response to question 4: Executive Director of the Georgia Council on Child Abuse		
6. Please list any federal grants or contracts (including subgrants or subcontracts) received by the entities you listed in response to question 4 since October 1, 1998, including the source and amount of each grant or contract: See Attached.		
7. Are there parent organizations, subsidiaries, or partnerships to the entities you disclosed in response to question number 4 that you will not be representing? If so, please list: Prevent Child Abuse America	**Yes** X	**No**

Signature: Sandra P. Alexander Date: 10-15-01

Please attach this sheet to your written testimony.

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Georgia Council on Child Abuse
Federal Grants Received
From October 1, 1998 through September 30, 2001

Funding Source	Contract Period	Amount
Victims of Crime Assistance (VOCA)	10/1/98-9/30/99	98,000
Victims of Crime Assistance (VOCA)	10/1/99-9/30/00	39,660
Victims of Crime Assistance (VOCA)	10/1/00-9/30/01	41,643
Strengthening Families	10/1/98-9/30/99	39,138
Strengthening Families	10/1/99-9/30/00	39,138
Strengthening Families	10/1/00-9/30/01	39,138
Promoting Safe & Stable Families	10/1/98-9/30/99	74,025
Promoting Safe & Stable Families	10/1/99-9/30/00	66,623
Promoting Safe & Stable Families	10/1/00-9/30/01	67,129
		504,494

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APPENDIX C – WRITTEN STATEMENT OF PATRICIA A. WEAVER, FOUNDER AND PRESIDENT OF A HAND TO HOLD, PITTSBURGH, PENNSYLVANIA

TESTIMONY OF
PATRICIA A. WEAVER, FOUNDER AND PRESIDENT OF
A HAND TO HOLD
10/17/01

As Founder of A Hand To Hold, I appreciate the opportunity to be here today to discuss safe haven/baby abandonment programs: 1) their efficacy; 2) how they provide a valuable social service in preventing child abuse and murder; and 3) why I think they deserve funding.

A Hand To Hold is a one-year-old hospital based safe haven/baby abandonment program serving three counties in western Pennsylvania (Allegheny, Lawrence and Fayette) and involving a network of 19 hospitals. Our organization also has a national focus and has initiated the development of a web page displaying all the state safe haven laws in easy to understand language. Personally, I have also worked with our state legislators to research, initiate and develop an effective well thought out safe haven bill.

There are less than a dozen safe haven/baby abandonment programs like ours in the United States today. Funding would facilitate the development and expansion of programs such as ours.

THE BABY ABANDONMENT PROBLEM

What we are dealing with across the nation and in Pennsylvania is young mothers who are throwing away their unwanted newborns and leaving them to die in places like dumpsters, trash cans, rivers, toilets, woods. Newborn babies. Healthy full term newborn babies. Infants with their umbilical cord sometimes attached. People.

Although the young mother who throws away her baby may not want her baby, millions of couples in the United States who are unable to have children of their own do. These couples spend years waiting to adopt babies and spend thousand trying to conceive and carry to term children of their own. Many will never be given a baby to love and raise. Many will go outside the United States to adopt (at a cost of around $25,000 a baby) because we have too few available for adoption. To the young couple who has waited years to adopt, a baby -- any baby -- would be a gift of immeasurable worth, a person who could bring them more joy than they could ever imagine. A treasure. A family.

WHAT SAFE HAVEN PROGRAMS DO

Safe haven programs are designed to 1) facilitate the transfer of unwanted babies as quickly and as easily as possible from the mothers who don't want them to the mothers that do, 2) reduce the likelihood that a woman will endanger her child's life by providing a loving alternative, and 3) save as many lives as possible.

A well designed program is designed with the birth mothers in mind and treats both the mother and baby fairly, compassionately, respectfully, confidentially, honestly and in a simple, straightforward manner as much as is possible within the constraints of existing laws.

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HOW BIG IS THE PROBLEM?

The most recent survey from the U.S. Department of Health and Human Services from 1998, estimates that 105 babies were abandoned in public places and about one third were found dead. However, that number is grossly misleading because it does not include those babies that are not found. An epidemiologist and scientist within the agency who studies infanticide says she has been unable to find the author of that study and thinks perhaps it was developed by a summer intern from news articles. She believes the number of babies actually abandoned each year to be at least 10 times the reported number.

Debi Faris, Founder of the Garden of Angels in southern California, a cemetery for abandoned babies found in Los Angeles and San Bernardino counties, believes the reported number of fatal abandonments is much too low. She says the number of babies found is just the "tip of the iceberg. Just think about how efficient the trash services are and how many trash bags never open." In the past four years she has buried 46 babies from those two counties alone. Since California's safe haven law was passed, Debi has buried only three babies in the past eight months, which reflects a significant decline in fatal abandonments.

WHY MOTHERS ABANDON THEIR BABIES

Mothers who abandon their babies are often young teenagers who are in denial about their pregnancy and haven't told anyone they are pregnant. During their nine months of pregnancy they wear baggy clothes, don't talk about being pregnant and when confronted about being pregnant deny that they are. Sometimes they are in denial to the point that they only accept they are pregnant when the baby is born. They don't get prenatal care and most of the time deliver their babies by themselves alone or in some cases with the father of the child. They never wanted their child and just want to get rid of it as quickly as possible without anyone finding out. Some look at the baby as evidence that they were pregnant and they want to dispose of the evidence. These mothers do not want to work with adoption agencies; we suspect that is because it involves talking about something they don't want to talk about.

Some of the mothers abandon their babies immediately after birth, umbilical cords attached. Other mothers keep the babies for a few weeks then dispose of them. With these mothers what appears to be happening is similar to what happens to new puppies at Christmas. People buy the puppies at Christmas because they think they are adorable, then in January when they realize how much work they are, they bring them to the dog pound. Likewise, some mothers keep their babies at first but then the novelty wears off and the reality of the long hours, hard work, sleepless nights, expenses and restrictions associated with a newborn become too much.

THIS IS NOT A NEW PROBLEM

Stepping back, abandoning babies is not a new thing. In the past, we had a solution: foundling homes and orphanages which were recognizable, established places to leave unwanted babies quickly and with little hassle. But orphanages and foundling homes are things of the past and we don't have modern day equivalents.

SAFE HAVEN PROGRAMS DO WORK WHEN THEY ARE PUBLICIZED

Safe haven programs do work when they are publicized. Results from programs I am familiar with are as follows:

1) Tim Jaccard's ATM Children of Hope serving Long Island, NY and the Greater New York Metropolitan area received 11 babies in 2000 and 11 babies year to date in 2001 plus they were able to encourage the mothers of an additional 36 babies to put their babies up for adoption.

2) John Tyson's Secret Safe Place for Newborn program in Mobile, Alabama has received 11 babies in three years.

3) Debi Faris's Safe Arms program in California has received six babies in eight months and that is in addition to the babies received by the state program.

4) Texas's Baby Moses program received two babies in its first two months after it began advertising.

The above programs are saving 41 babies on an annualized basis and cover only 20% of the United States on a per capita basis. If programs such as these were available in the entire country they might be saving 200 lives a year or considerably more once they were well established. That is the equivalent of 10 classrooms of kindergarteners a year. In 12 years you would save the lives of a whole school district of kids plus save many of their mothers from imprisonment and all of their mothers from the lifelong memory that she has destroyed or abandoned her infant.

The goal of these programs is to prevent abandonment. The number of babies abandoned in areas where programs exist has declined. Debi Faris who was burying about a baby a month in her cemetery, "The Garden of Angels," has only buried three babies in the past eight months.

GOVERNMENT AGENCIES BENEFIT FROM THESE PROGRAMS

If you want to talk dollars and cents about baby abandonment programs, you could justify supporting safe haven programs because of the tens possibly hundreds of thousands of dollars they save local governments for investigating the death of each abandoned infant found dead, finding the parents, trying the case and incarcerating the mother and any accomplices.

Not only that, safe havens are designed to offer a new service by using existing organizations and systems such as hospitals, 911 services, and community hotlines.

A LOOK AT ONE PROGRAM - A HAND TO HOLD - A SOLUTION TO THE PROBLEM

Our Belief

We firmly believe that if we provide safe, legal, acceptable, well-publicized places to drop off unwanted newborns quickly and anonymously -- just like foundling homes -- we will receive babies. That is essentially what we are trying to do and the concept seems to be working.

Background

Our organization started on August 23, 2000 with the help of Pittsburgh Mayor Tom Murphy, Allegheny County District Attorney Stephen Zappala, numerous volunteers and the participation of four Pittsburgh hospitals. Over the past year our organization has grown to serve three counties (Allegheny, Lawrence and Fayette) with a network of 19 hospitals.

Mission

Our mission is to save the lives of babies that might otherwise be abandoned by providing the birth mother with a positive alternative to abandonment. With each baby we save, we also save the mother from the lifelong memory that she has destroyed or abandoned her baby.

Focus

Our focus is very narrow. We only discuss live babies and do not get entangled with issues of options before the baby is born. We also advocate the use of adoption agencies because mothers can choose the adoptive family and be counseled in her decision. Our target is the mother of babies who are at risk for abandonment, a group that for whatever reason has been unwilling or unable to use an adoption agency.

How Our Program Works

A Hand To Hold enables mothers to leave their unwanted newborn babies up to 30 days old with emergency room nurses at participating hospital's. The babies are then placed by hospital social workers with the hospital's social service organization (public or private) and then up for adoption. As long as the baby is not harmed, the drop off is confidential, no questions are asked and the mother does not need to give her name. Services are free to the mother. Mercy Hospital's labor and delivery nurses staff the 24-hour hotline (1-888-978-BABY).

With our program, a mother can change her mind and get her baby back after counseling if she is deemed fit. We state that if the mother wants the baby back, we encourage her to do so within 30 days of the drop off.

In the absence of a safe haven law, we have had our district attorneys make public statements that they will not prosecute mothers who bring their unharmed babies to any of our hospitals. For instance Allegheny County District Attorney Stephen Zappala has gone on record as saying "Any woman who takes affirmative steps to give up her baby in a safe and responsible way, like participating in A Hand To Hold, and providing there is no evidence that the health or welfare of the child has been endangered, there will be no prosecution from my office."

Hospital Support Due To Potential To Prevent Child Abuse

The hospitals are in support of our program and not one has declined to voluntarily participate. **Dr. Mary Clyde Pierce, Medical Director of the Child Advocacy Center and Emergency Medicine Physician at Children's Hospital of Pittsburgh says, "A critical step in trying to prevent injuries or even fatal injuries to babies and to children is to have an honorable, acceptable, and easily accessible plan in place. A clear alternative to injuring a child is placing the child in a loving home. This is exactly what A Hand To Hold offers. Every hospital needs to join in support of this effort."**

Results

In the past year there have been several cases where we have directly helped the mother and several cases that we likely have been the impetus for mothers leaving their babies with hospitals. Note that our public service announcement did not begin airing until this August, but our program has received a reasonable level of media attention from the following: the announcement of our program, the transfer of our hotline from St. Francis to Mercy Hospital, the addition of Lawrence County, U.S. Congresswoman Melissa Hart's introduction of Safe Haven Support Act 2001, and the addition of Fayette County. A Hand To Hold was covered in three television programs on "On Q" (WQED), one television program on "His Place" (CTV) and "Getting Together"(CTV), and in my personal testimony before the Pennsylvania House of Representatives Judiciary Committee (PCN).

1) For a year after we started our program no baby was abandoned unsafely in Allegheny County. However, just two weeks ago a baby who suffered from aggravated assault was abandoned on a college campus. Before our program started, there were about two babies found abandoned a year in the greater Pittsburgh area.

2) A mother from Fayette County called 911 to turn over her baby. The City of Pittsburgh Paramedics picked her up and brought her into one of our participating hospitals. When it was determined that she was upset but really wanted to keep her baby, she was counseled and allowed to return home with her baby.

   Although we will never know what would have happened if she hadn't called us, the situation could have resulted in an injured child.

3) A mother gave birth in a nonparticipating hospital and wanted to give her baby to our program. While still at the hospital, the mother changed her mind and decided to keep the baby.

4) A mother in her third trimester called to ask how she could turn over her baby and was directed to a participating hospital in her area for prenatal care. She has not delivered yet.

5) During the time when our program was receiving considerable media coverage, a teen gave birth at a non-participating hospital. After four hours, she told the nurses she did not want to keep the baby. She asked the nurse to put the baby up for adoption and to not call her back, then left the hospital. Hospital officials said this was highly unusual, the first time that had happened in 13 years. However, what the teen did was something we had advocated on talk shows. (Unwanted babies born at hospitals are safer than those born at home.)

6) An adoption attorney recently called me to say she has handled several adoption cases this year where the mother has given birth in the hospital in nearby counties and left the baby at the hospitals because she did not want it. She believes the relinquishment of rights at the hospitals may be related to our media coverage and it is likely that there are other similar cases that we are unaware of.

WHO ARE WE HELPING? EXAMPLES OF MOTHERS WHO ABANDON BABIES

1) On October 19, 1997, a baby boy along with a note was discovered outside Magee-Womens Hospital in Oakland. A printed note stated: "This is Jacob Please help him he's 6 days old I can't keep him I'm only 12 He's very good baby." Investigators presumed that Baby Jacob's mother wrote the note. She was not located. (Tribune-Review, April 1, 2000)

2) In the summer of 1998, a newborn baby was thrown from a car on the Pennsylvania Turnpike. The baby was found on the berm, scratched but remarkably not seriously harmed. The hospital taking care of the infant received numerous calls from people wanted to adopt the child. The baby was adopted into a loving home where the mother claims the little girl is very bright and "the only thing wrong with her is she is spoiled" by her siblings and parents.

3) In the winter of 2000, in Allentown, a mother took her baby out to the curb with the trash. She then called the police saying she heard something in the trash. The police discovered the baby alive and questioned the woman who denied being the mother. The woman was living with her mother who claimed she had no idea her daughter had been pregnant and the baby found was her grandchild.

AN AVERAGE BIRTH

For those of you who have never given birth, understanding childbirth and childcare in the first few days of life, from a mother's perspective is important.

Childbirth is the most physically exhausting work imaginable. Labor can last 24 hours or more. When a mother is done giving birth, she needs to sleep and physically recover. Yet, unless she is in a hospital or has someone to help her, she has to deal with a new baby that is confused in its new environment, hungry, cold, wet, unhappy and possibly colicky. The only way the baby knows how to express itself is by crying. Newborns have a distinctive piercing cry. If their needs are not met they will cry for hours until they fall asleep. Since the baby needs to be fed, burped and changed every few hours, the mother of the average newborn may be getting by with little sleep for days. All of these factors are more than one person alone can handle comfortably.

SOME VERY CAPABLE ENTREPRENEURS ARE RUNNING SAFE HAVENS

Safe havens are being run by social entrepreneurs providing innovative solutions to real problems. Their skill, drive, willingness to work inordinate number of hours, and motivation are different than what you will find in an average employee. Their creativity and vision enables them to see things differently and to create something from nothing. To start up and efficiently run an effective baby abandonment program requires extensive research, entrepreneurial skills, teaching experience, and experience in marketing.

Many people have tried to start safe havens, but few have succeeded. In the past 18 months, I have met five people who attempted to start a safe haven program in Pittsburgh but failed. They lacked a well thought out design, the stamina, the communication skills, the financial resources or the support of governmental officials.

Personally, I hold a M.B.A. from Harvard, am a C.P.A. and have had several years of experience managing multimillion-dollar brands for Smith Kline Beecham and H.J.Heinz. After extensive research, we came up with our initial program which is scalable and could cover all of Pennsylvania. My volunteers include physicians, attorneys, a counselor and a retired public school administrator. A governmental agency likely could not develop a program as cost effectively.

SAFE HAVENS HAVE ACCOMPLISHED MUCH WITH SMALL BUDGETS

Safe haven baby programs have accomplished much with the limited funding most have. Organizations and individuals have been willing to provide in kind contributions or volunteer for these small, cash poor causes because it is an emotional issue. No one likes to hear about babies dying in the hands of their mothers; it is contrary to maternal instinct.

Our initial projected budget was $200,000 a year based on paying for all of our goods and services (including $150,000 in television air time) and hiring a paid director. Although we only raised less than $20,000, we were able accomplish more than we had planned with the larger budget because of volunteers and valuable in kind contributions, such as the production of our public service announcement and free air time. For less than $20,000, we were able to establish a respectable organization that is well publicized. Specifically we were able to:

- research the issue;
- establish hospital protocol;
- build a hospital network;
- staff an 800 number with scripted phone protocol;
- establish a web page;
- write and print a high quality brochure;
- produce a public service radio and television spot;
- discuss the program in a public forum, at press conferences and on talk shows; and
- prepare a soon to be produced educational video.

FINANCIAL ISSUES FOR SAFE HAVENS

1) Safe haven programs don't work unless they build broad awareness of the program among their at-risk target. The best way to do so is through public service announcements which are generally not aired at optimal times which forces organizations to pay for advertising. Air time is not cheap.

2) Most safe havens are run by volunteers because the programs are not well funded. Hiring a paid director is challenging when funds are limited and there is no guarantee of future cash flows. Yet, for long- term stability, viability and leadership of a safe haven program, hiring a full time director is desirable.

3) Safe havens have trouble raising money because they are perceived to be governmental agencies of some sort. The average person does not want to give a charitable donation to a governmental agency.

To encourage women/girls to be comfortable with dropping off their children, programs must reference the law or graces extended by district attorneys and their brochures usually have pictures of governmental officials. Our brochure shows Pittsburgh Mayor Tom Murphy and Allegheny County District Attorney Stephen Zappala.

4) Foundations have not been supportive of safe havens because: 1) they are new; 2) they think they should be governmental programs; and 3) they have a hard time measuring the cost/benefit. I have been told by a foundation that $20,000 is too much to spend to save one life. (Once again the misleading governmental study saying there were 105 abandonments in 1998 hurts us tremendously.) Yet, all the money in the world can't breathe life into a deceased baby. It can't turn back the clock for the mother who made the fatal decision. The mother will regret her actions for the rest of her life and she may serve time because of it. Foundations do not want to support program that they think should be government programs.

5) Safe haven results will always be hard to measure because when the programs work the results may be that fewer babies are found abandoned each year. This may be misinterpreted as a decline in the need for a program. But with fund raising, the concept of fewer babies left abandoned to die is a difficult means of measure. No measurable results means no financial support from foundations.

6) Safe havens don't charge for services so will always depend on contributions or grants to sustain themselves.

EVERY YOUNG PERSON NEEDS TO KNOW ABOUT NEW SAFE HAVEN OPTIONS

In the past two years, 35 states have passed safe haven laws. These laws have a variety of designated safe havens, drop off requirements and expectations for prosecution. Some states specify hospitals as drop off sites, others specify fire stations. Some states require the baby to be dropped off within 24 hours, others have 72 hours, and yet others have 30 days. Some states require the mother to drop off the baby, others allow a responsible person. Some state provide freedom from prosecution for the drop off of an unharmed baby, other states provide a defense of prosecution. Every young person needs to know about her/his state law and new options in order to make responsible choices for their infants. If they are unfamiliar with safe haven options we will continue to see babies abandoned.

Private non-profit safe haven programs to address the baby abandonment issue have only started emerging and many times these programs have initiated the new state laws. At this point some of the programs are expanding, collaborating, and sharing resources and ideas. These private programs are publicizing safe haven options passionately, efficiently and in some cases more effectively than state run programs (Texas). However, with limited funding the private programs have not been able to reach every young person.

If the private programs had better funding, they would be better equipped to provide the manpower and materials to reach and educate more young people that there is a safe, legal, and anonymous way to give their babies a future. Better funding would enable private programs to get the word out faster, reach more people and ultimately save more lives.

CLOSING

Debi Faris once asked me to accompany her to the Los Angeles county coroner's office to pick up two abandoned babies to be buried in her cemetery. I had to decline because I knew that I couldn't handle looking into their icy blank eyes and see their rigid bodies. Their eyes would never twinkle. Their legs and arms would never wriggle with excitement. Their giggles would never be heard. That image of these innocent children essentially murdered by their mothers would haunt me for the rest of my life.

Somebody has to speak for these babies. These babies have no voice. Some of their mothers are children. Children having children.

Safe haven programs are working to ensure that no baby is needlessly abandoned, harmed or murdered. Since the major financial beneficiaries of these programs are government agencies who reap cost savings, governmental support to these programs makes sense. The programs that are well designed do work and do add value to our society. Funding these organizations will ensure that we have a safety net for the approximate 1000 babies a year that might die from abandonment. Those babies deserve a chance to live, a hand to hold, a future. Won't you help?

Safe haven/baby abandonment programs prevent child abuse. Dr. Mary Clyde Pierce, Medical Director of the Child Advocacy Center and Emergency Medicine Physician at Children's Hospital of Pittsburgh says, "A critical step in trying to prevent injuries or even fatal injuries to babies and to children is to have an honorable, acceptable, and easily accessible plan in place. A clear alternative to injuring a child is placing the child in a loving home. This is exactly what A Hand To Hold offers."

Committee on Education and the Workforce

Witness Disclosure Requirement – "Truth in Testimony"
Required by House Rule XI, Clause 2(g)

Your Name: Patricia A. Weaver		
1. Will you be representing a federal, State, or local government entity? (If the answer is yes please contact the Committee).	Yes	No X
2. Please list any federal grants or contracts (including subgrants or subcontracts) which you have received since October 1, 1998: None		
3. Will you be representing an entity other than a government entity?	Yes	No X
4. Other than yourself, please list what entity or entities you will be representing: A Hand To Hold - a hospital based baby abandonment program serving three counties in western Pennsylvania and involving a network of 19 hospitals.		
5. Please list any offices or elected positions held and/or briefly describe your representational capacity with each of the entities you listed in response to question 4: I am Founder and President of A Hand To Hold		
6. Please list any federal grants or contracts (including subgrants or subcontracts) received by the entities you listed in response to question 4 since October 1, 1998, including the source and amount of each grant or contract: We have received no government funding to date.		
7. Are there parent organizations, subsidiaries, or partnerships to the entities you disclosed in response to question number 4 that you will not be representing? If so, please list:	Yes	No X

Signature: Patricia A Weaver Date: 10/16/01

Please attach this sheet to your written testimony.

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APPENDIX D – WRITTEN STATEMENT OF CHRISTOPHER J. KLICKA, SENIOR COUNSEL, HOME SCHOOL LEGAL DEFENSE ASSOCIATION, PURCELLVILLE, VIRGINIA

TESTIMONY OF CHRISTOPHER J. KLICKA

Senior Counsel of the Home School Legal Defense Association

Hearing on the Reauthorization of the Child Abuse Prevention and Treatment Act

Subcommittee on Select Education of the

House Committee on Education and the Workforce

Representative Pete Hoekstra, Chairman

October 16, 2001

My name is Christopher J. Klicka, and I serve as Senior Counsel of the Home School Legal Defense Association (HSLDA). Since 1985, I have counseled and legally represented nearly a thousand home school families who were harassed by social workers investigating child abuse tips they received from their child abuse hotlines. Ninety-five percent of the tips were anonymous. The other attorneys in our organization have handled a similar number of these legal conflicts.

I have seen first hand the trauma innocent families have experienced at the hands of social workers "just doing their jobs."

The Home School Legal Defense Association is a nonprofit legal advocacy organization dedicated to protecting parental freedom generally and promoting the right to home school. At this time, we represent over 73,000 member families (i.e. approximately 250,000 children and 150,000 parents.)

Over these last 16 years, I have drafted state legislation on child welfare reform, lobbied on this issue before state legislatures and the Congress, and written and spoke extensively on the abuses of families by the present child welfare system. As a constitutional attorney who has represented hundreds of families involved in child welfare legal conflicts, investigations, and court cases, I have been exposed to many abuses in the child welfare system.

The purpose of my testimony today is to offer some possible solutions to real abuses that I have encountered over the years. By incorporating these reforms into CAPTA, Congress can encourage states to protect families from overzealous child welfare workers.

In its current form, CAPTA does not adequately protect parental due process rights. In order to establish this assertion, I have submitted for the record a state-by-state analysis of all the state child welfare codes demonstrating the lack of constitutional safeguards for parents and four charts. I also include a chapter from my book, "Home Schooling: The Right Choice," that documents how innocent families are abused by the state child welfare systems along with three key cases establishing that the 4th amendment standard applies to social worker investigations.

I. PARENTS' RIGHTS THREATENED BY APPLICATION OF STATE CHILD WELFARE LAWS

We have a complex constitutional jurisprudence that guides judges, checks police and prosecutors, and protects privacy. While the system undoubtedly has its problems, Americans are justifiably proud of our system of criminal justice. Unlike many other areas of the world, *the citizen remains innocent unless proven guilty in a court of law.*

Our child protective services system, on the other hand, has turned this precious jurisprudence on its head. Innocent families are routinely traumatized by child welfare agencies simply because an anonymous tipster calls the local child abuse hotline and fabricates a story or relays a suspicion. Parents who are subject to these "investigations" are told they *must* allow the social worker entry into their home and allow each of their children to be interrogated separately. In fact, most states impose a statutory duty on social workers in their child welfare code to follow this procedure. Unfortunately, since these state statutes often do not expressly delineate the constitutional limitations established by the 4th amendment, social workers "get away" with intimidating families to allow them entry into their home and interrogate their children. (*See e.g.*, West Virginia and Ohio statutes.)

As one social worker from Illinois told me who had been working almost 30 years: "When I started working, we tried to prove a family was innocent. *Now we assume they are guilty until they prove they are not.*"

The agent will frequently try intimidation to obtain entry. For example, the agent will say: "I have received allegations of child abuse and educational neglect. I need to come into your house right

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away and talk to your children. I am sure we can clear this all up today." In our experience, a social worker will never read the parents their rights. They also will usually not even inform the parents of the specific allegations. (Only New Jersey, Washington, and Florida require by statute that social workers reveal the allegations). If the parent refuses entry, the agent will often threaten to obtain a court order.

II. SOCIAL WORKERS THEMSELVES EXPOSE THE ABUSE IN THE CHILD WELFARE AGENCIES

Occasionally, I will talk with social workers who are fed up with the system and who willingly expose its problems.

After resolving a false allegation with a particular Chicago social worker over the phone, the social worker informed me that well over 50% of all referrals to her child welfare agency are "unfounded." Unfortunately, she complained, many of the cases are deemed unfounded *after* families are broken apart and children are put in foster homes. She explained that many hospitals and health centers are in the "business" of "always" finding child abuse.

Expressing her concern about the new training of recently hired social workers, she said younger social workers are encouraged to go on "fishing expeditions." In the old days, social workers tried to prove a reported family was innocent and considered the family innocent until proven guilty. Now the "system" operates on the principle that a family is guilty . . . period.

After seeing so many families broken up, so many careers destroyed, and so many children harmed by the "system," she now refers to the child welfare system as "the child abuse industry." She said she was due to retire in the next year. Her frankness on the abuse of the system is particularly sobering, and it confirmed the assumptions that I had developed while dealing with numerous social workers around the country.

I have had several other conversations with social workers from various states who have developed the same opinion about their work. For instance, a social worker in Georgia, after we resolved a fabricated allegation concerning a home schooler, confessed that 90% of all the cases of alleged child abuse she handled turned out to be "unfounded." She explained that she spent most of her time "spinning her wheels." She felt the number of false allegations coming into her office were on the rise.

In Alabama and Florida, I met two former social workers who were now home schooling their children. Both admitted that intimidation was a routine procedure which they were taught and which they always used to get their way. Their goal, in fact, was to get into the house and talk with the children, no matter what the allegation. They would regularly demand entry and act as if they had the right to come in on their own authority. If the parent still was not fooled into voluntarily allowing them in, they would threaten to get a policeman. One ex-social worker told me, "If I ever had a social worker come to my door who acted like I did, I would be 'scared stiff' and probably comply with their demands!" Both of these social workers admitted that 60% to 70% of their cases were "unfounded."

I will relate one more conversation I had with a social services worker in Michigan who is also a home school father and a member of the local school board. He said he had been working as a social worker for years and has seen much change. He said social workers have become much more aggressive and eager to go on "fishing expeditions." He agreed with the description of the system that I learned from the other social workers. He said many social workers use intimidation and deception.

The child welfare system needs to be reformed to curtail these intimidation techniques and preserve parental due process rights.

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III. TRUE ACCOUNTS OF PARENTS ABUSED BY THE CHILD WELFARE SYSTEM

Since 1985, I have represented nearly 1,000 innocent families facing investigations by social workers. Here are a few examples of the incredible allegations anonymous tipsters fabricate and of social workers' attempts to traumatize the family by demanding entry to the home and conducting separate interviews with all the children.

For example, in Wisconsin, a home school family was reported by an anonymous tipster. I secured a copy of the report by the social worker which said:

> The caller was concerned because the children were all thin and thought that removal of food was possibly a form of discipline. The caller thought this discipline may have been a practice of the parents' religion which was thought to have been Born Again. The caller thought that these parents give a lot of money to the church and spend little money on groceries. The caller's last, somewhat passing concern, was that [the mother] home schools her children.

As usual, the anonymous tip was bogus. It is apparent from the report that the caller was biased against both the fact that the family was home schooling and that they were born again Christians. The social worker insisted on entry into the home and interrogate the children.

One of the most ridiculous allegations against a family I have ever heard was from a child welfare agent in Michigan who received an anonymous tip that the "mother was seen selling all her children's shoes and coats at a rummage sale." I asked the agent if he was serious and he said it was his job to investigate all allegations. He demanded entry into the home to interview the children. The mother obviously had only sold clothes which would no longer fit the children.

One family had recently moved to Florida. Within weeks, they were visited by a truant officer who questioned the legality of their schooling. The truant officer left and reported them to the Health and Human Services department. A few days later, an HHS agent appeared at the door and demanded to interview the children within 24 hours or he would send for the police. The allegations were that "the children were home during school hours and the children were sometimes left alone." I explained the legality of their home schooling and denied the "lack of supervision" charge. (The family only had one car and the father took it to work leaving the mother at home). I then called his bluff and refused to have the children interviewed. After talking with the parents, we allowed him to come by the door and see the children only from a distance. He finally closed the case because he had no evidence except an anonymous tip.

A really outlandish investigation involved a home school family in New Jersey. In the first visit, the agent from the Division of Youth and Family Services accused the mother of kidnapping some of her children because she had so many children. The mother produced birth certificates to prove the children were hers. The following year, another agent came by and said that someone called and reported that the "children were seen outside during school hours." She demanded to enter the house but, under my instruction, the mother refused. Although she knew it was only an anonymous tip, the agent then said she would be back with the police. She never came back that day, showing that she was only bluffing.

In California, a single mother was contacted by a social worker with allegations that "children were not in school, mother was incapacitated, and caretaker was absent." I talked with the social worker and she admitted the allegations were based solely on an anonymous tip. However, she insisted on talking with the children separately. When I objected, she said she would get a police officer and that she did not need a warrant. We held our ground and she settled for a meeting with the mother and a witness only.

One of our member families had just moved into Alabama two weeks earlier and had not really met anyone in their neighborhood yet. However, the Department of Human Resources agent received an "anonymous tip" that the children had "bruises" and demanded a "strip search!" When I refused to allow a "strip search," the agent became upset and stammered, "No one else ever refused a strip search before!" She also implied the family had something to hide.

The above comment of the social worker in Alabama is a common response which I hear from social workers frequently concerning all kinds of demands. They are personally offended that we would refuse to let them into the home or interview the children. Many of them insinuate the family must be guilty even though they have nothing but an anonymous tip.

The last allegation I will mention is another example of how outlandish anonymous tipsters can become. A family in Texas was investigated by a social worker based on the following allegations: (1) children were not in attendance at school; (2) children were unsupervised and running around the neighborhood; (3) children were dirty and abused; (4) the house may be used for drug trafficking since people were seen frequently coming in and out of the house. The social worker demanded to interview the children (a 6- and 7-year-old) or she would be forced to seek a court order.

These social workers are so used to getting whatever they want from the families, that our choice to stand on the families' privacy and 4th amendment rights shocks them.

In Appendix I, I relate more true accounts of social workers harassing innocent parents over the last few months. All these examples simply demonstrate the desperate need for consistency in applying a constitutional standard in the all the state child welfare codes.

IV. UNFOUNDED CASES ARE ARTIFICIALLY INCREASING CHILD ABUSE STATISTICS WHILE PARENTS' RIGHTS SUFFER

In a single representative year (1986) the American Humane Association (hereafter, "AHA") reported 2,086,112 allegations of abuse or neglect.[1] Unfortunately, most of these allegations turned out to be either false or trivial. After investigation, only 737,000 of these cases of reported abuse or neglect were found to be valid. The other 1,349,000 were unsupported by evidence.[2] AHA's percentage of substantiated cases are generally consistent from year to year.[3]

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[1] American Humane Association, *Highlights of Official Child Neglect and Abuse Reporting 1986*, p. 10.

Other studies have consistently shown similarly low levels of validity for child abuse and neglect allegations. One study involving an actual review of every case for a 20-year period from one county determined that only 39 percent of all reported cases of abuse or neglect were substantiated.[4]

While 737,000 is still a large number of abused and neglected children, even this figure bears further analysis to avoid overstating the problem. AHA offers the following breakdown by type of abuse or neglect.

Major Physical Injury	21,000
Minor Physical Injury	115,000
Other Physical Injury	84,000
Sexual Maltreatment	132,000
Deprivation of Necessities	429,000
Emotional Maltreatment	71,000
Other Maltreatment	34,000[5]

In New Hampshire, the Department of Child and Youth Services (DCYS) data shows that in 1991, there was 6,434 abuse reports. Believe it or not, 5,524 of those reports turned out to be false! This means 86.2% of all child abuse reports were false. The statistics over the last eight years show that the number of founded cases is dropping and yet the number of false child abuse reports is rising. In 1984, 54% of the child abuse reports turned out to be false. There were 3,855 abuse reports of which 1,814 were founded and 2,041 were false. In 1990, 86% of the child abuse reports

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[2] *Id.*, at 11.

[3] More than 65 percent of all reports of suspected child maltreatment in 1978 turned out to be unfounded. U.S. National Center on Child Abuse, *National Analysis of Child Neglect and Abuse Report 36 (1978)*, Table 28 (DHEW 1979), at 18, table 5. Another study reported in over half of the cases investigated parents never mistreated their children. U.S. National Center on Child Abuse and Neglect, *National Study on the Incidence and Severity of Child Abuse and Neglect 11*, (DHHS 1981), at 16, Table 3-5.

[4] Dean K. Knudsen, Ph.D., Department of Sociology and Anthropology, Purdue University, *Child Protective Services, Discretion, Decisions, Dilemmas*, Charles C. Thomas, Publisher, Springfield, Illinois, (1988), p. 81.

[5] *Id.*, at 23. Because of the use of different data sources, the numbers in the AHA study vary from chart to chart. This particular chart totals 784,000 cases of maltreatment while at page 10, AHA uses the number of 737,000 of confirmed cases.

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were found to be false. There were a shocking 5,616 abuse reports with only 709 which were proven to be founded or legitimate abuse allegations and 4,907 turned out to be false child abuse reports![6] The system is out of control. Many thousands of innocent families are being abused by the system. Furthermore, Representative Gary Daniels of New Hampshire has federal statistics that demonstrate that approximately 62% of children taken from their homes were taken without justification.[7]

An important book was published in 1990 that confirms much of reports above and provide important documentation of the frequent abuses of the modern child welfare system: *Wounded Innocents*, by Richard Wexler (1990).[8]

In his book, *Wounded Innocents*, Wexler warns:

> The war against child abuse has become a war against children. Every year, we let hundreds of children die, force thousands more to live with strangers, and throw a million innocent families into chaos. We call this "child protection."[9]

He demonstrates further that the hotlines have become a "potent tool for harassment." He shows how untrained, inexperienced, and sometimes incompetent social workers are allowed to label parents "child abusers" and remove them entirely on their own authority. He states, through the state child abuse laws, "We have effectively repealed the Fourth Amendment, which protects both parents and children against unreasonable searches and seizures." He shows the child welfare system often denies due process to the "accused" child abusers.[10]

Wexler also confirms the AHA statistics above. In actuality, number of approximately 2 million abused children represents only the number of cases reported by tipsters. In actuality, over half of the reported cases are false. In fact, in 1987 alone there were 1,306,800 false child abuse reports. Sexual maltreatment, which is commonly argued for the need to increase the power of social workers, only makes up 15.7 of all reports. Minor physical injury constitutes only 13.9 percent and severe physical injury only constitutes 2.6 percent. [11]

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[6] "Is DCYS Running Out of Abusers?" Christian Home Schooling News, Vol. 2, No. 4, April/May 1992, Manchester, New Hampshire, p. 3.
[7] Ibid.
[8] Richard Wexler, Wounded Innocents: The Real Victims of the War Against Child Abuse, (Buffalo, NY: Prometheus Books, 1990).
[9] Wexler, Wounded Innocents, p. 14.
[10] Ibid., p. 15.

This means for every 100 reports alleging child abuse:

-at least fifty-eight are false
-twenty-one are mostly poverty cases
-six are sexual abuse
-four are minor physical abuse
-four are unspecified physical abuse
-three are emotional maltreatment
-three are "other maltreatment"
-one is major physical abuse. [12]

After he shows that the "child abuse panic" is a myth and an excuse to give unconstitutional powers to the social service agencies, he documents the terrible abuse children receive in foster homes and juvenile homes. The true accounts and statistics are sobering and shocking. In Kansas City, a study was done showing 57% of children in foster care to have been placed in "high risk of abuse or neglect" situations."[13]

V. STUDIES AND STATISTICS PROVE THE WIDESPREAD ABUSE WITHIN THE CHILD WELFARE SYSTEM

For example, the San Diego County Grand Jury issued a 56 page report based on a seven month investigation and interviews with more than 250 social workers, therapists, attorneys, judges, doctors, and families. [14] The discovery was shocking.

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[11] Ibid., p. 86-88.
12. Ibid. p. 87.
13. Ibid., p.198.
14. Okerblom and Wilkens,"Child Protection System Ripped," The San Diego Union Tribune, February 7, 1992, p. A-1 and A-19. This article summarizes "Families in Crisis: Report #2," A report by the 1991-92 San Diego County Grand Jury.

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The Grand Jury found San Diego's child protection system to be "out of control, with few checks and little balance." The Grand Jury found the system has developed a mindset that child abuse is rampant and its structure and operation are "biased toward proving allegations instead of finding the truth." The jury declared:

> The burden of proof, contrary to every other area of our judicial system, is on the alleged perpetrator to prove his innocence.
>
> [Social workers rarely try] to find information favorable or evidence exculpatory to the parents. Instead [they] appear to undertake investigations with a bias toward finding facts to support detention or removal and report only that information that justifies detention. [15]

Constitutional rights are ignored and the family has virtually no protection. The Grand Jury reported, "In too many cases, Child Protection Services cannot distinguish real abuse from fabrication, abuse from neglect, and neglect from poverty or cultural differences." [16]

Furthermore, the Grand Jury heard testimony that 20 to 60% of the children in the system do not even belong there! After reviewing 300 child abuse cases, the Grand Jury concluded 250 of the cases need corrective action or reopening.[17] This is a lot of innocent families, as high as 60%, whose children should never have been removed from their parents in the first place.

The Grand Jury found that "Some social workers routinely lie even when under oath in court." Also, numerous times, social workers will disobey or ignore court orders![18]

The jury also discovered that every aspect of the system is in the business of confirming "child abuse" even if it is not there. The County counsel, judges, therapists, and hospitals all work together against the parents:

> County counsel, which represents Child Protection Services in court hearings, "has not been screening cases adequately." In fact, the jury said, screening deputies are pressured "to file petitions on cases which are questionable."
>
> . . .

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[15] Ibid.
[16] Ibid.
[17] Ibid.
[18] Ibid.

> The Juvenile Court system, which should be the ultimate check in the system, "is not fulfilling its role." The Jury found that the court does not appear "to offer an even playing field in which the judicial officer serves as a neutral arbiter of the facts." [19]
>
> . . .
>
> Rarely, the jury said, does a judge demand a "high standard of performance" from the Social Services staff. The judges "are viewed and appear to view themselves as pro-child which translates to pro-DSS," it said. [20]
>
> . . .
>
> Therapists reported that "as long as they are in agreement with the social worker, their reports are given great weight. On the other hand, if they disagree with the social worker, their recommendations may not even appear in the report to the court" the grand jury said. [21]
>
> . . .
>
> The report also charged that the Center for Child Protection (CCP) at Children's Hospital, which examines most of the local children suspected of being abused, has lost its objectivity. "A highly respected (appellate court) jurist testified that this lack of objectivity within the CCP has poisoned the stream. He felt that much of the bias and even zealotry found in the child dependency system could be traced back to training conferences and meetings at the behest of the Center for Child Protection.
>
> The jury also found that "patently erroneous testimony" by center physicians "played a significant role" in several cases in which children were removed from their homes. [22]

This is a travesty. The child welfare system has turned into a system which literally abuses children. In San Diego, like many other communities, once children are taken, justice can rarely be found in the system.

The statistics of the abuse of children by the child welfare system go on virtually endlessly. Putting children in foster care is becoming routine even though the studies show the children would be better off at home, especially when so many of the allegations turn out to be false.

> Professionals estimate that 35 to 70% of children who end up in foster care should not be there and can be severely damaged psychologically by the experience. "Research over the past 40 years says that if you remove the child from the home, you traumatize the child more than he is already hurt," says Charles P. Gershenson, former chief of

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19. Ibid.

20. Abrahamson, "Child Protection System in S.D. Scored by Grand Jury," The Los Angeles Times, February 7, 1992, p. A-1 and A-28 through A-29. This article summarizes "Families in Crisis: Report #2," A report by the 1991-92 San Diego County Grand Jury.

21. Ibid.

22. Okerblom and Wilkens, San Diego Union Tribune, February 7, 1992, p. A-19. This article summarizes the grand jury's report.

research and evaluation of the Children's Bureau of the U.S. Department of Health and Human Services.[23]

These and many more statistics explain why it is so important that parents' due process rights are protected by state child welfare codes. If the federal government is giving funds to the states, it must at minimum, ensure that constitutional protections are in place in all 50 states for parents subject to child abuse allegations.

VI. THE FOURTH AMENDMENT, THE COURTS, AND SOCIAL WORKERS

The 4th Amendment applies to all 50 states. It guarantees:

> The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

Yet social workers do not believe it applies to them. Only 16 states specify any standard even close to "probable cause" in their child welfare codes. Innocent parents caught in the dragnet of child welfare investigations due to the out-of -control anonymous tips are not informed of their rights.

It is time for the Congress to take the lead to protect these precious 4th Amendment rights of the over 1 million innocent parents being abused by the state child welfare systems.

Below are some of the key cases that define how the 4th Amendment applies to social workers.

In an oft-cited case, the Tenth Circuit held that a police officer conducting a strip search of a small child in the context of a child abuse investigation lacked qualified immunity. The Tenth Circuit rejected the officer's arguments that there was no case directly in point establishing the unconstitutionality, that this was an administrative search, and that such great latitude should be allowed for child protection. *Franz v. Lytle* 997 F.2d 784 (10th Cir.1993)

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[23] Daniel Kagan, "Saving Families Fosters Hope For America's Troubled Youth," Insight magazine, April 29, 1991, p. 16.

In a similar case, the Third Circuit held that the general proposition was clearly established that the government may not "conduct a search of a home or strip search of a person's body in the absence of consent, a valid search warrant, or exigent circumstances", such as a need to protect a child against imminent danger of serious bodily injury. No exigent circumstances existed when this entry was based on a single anonymous report, received at least 20 hours earlier, indicating only that seven-year- old child, on single occasion, had bruises on her body of unspecified severity. Court held that: "This is hardly a rational basis for a state actor to conclude that forced entry into the residence was required to protect [the child] from imminent harm." *Good v. Dauphin Co. Social Services for Children and Youth*, 891 F.2d 1087 (3d Cir. 1989).

The Home School Legal Defense Association won its first significant case in this area in 1993, when the Alabama Court of Appeals construed the term "cause shown" in a state child abuse investigation statute to mean "reasonable or probable cause to believe that a crime is being or about to be committed," since any other reading might conflict with the Fourth Amendment. *H.R. v. Dept. of Human Resources*, 609 S.E.2d 477 (Ala. Civ. App. 1993). In *H.R.*, HSLDA represented a low-income home school mother who was contacted by a social worker over some allegations of child abuse and educational neglect. Under counsel from HSLDA, the family refused to allow the social worker to come into the home or to interrogate the children. In order to muscle this family, charges of child neglect were brought based on no evidence whatsoever: only based on an anonymous tipster who admitted she did not have personal knowledge of the family's situation.

However, a hearing was held on whether an anonymous tip was enough to require the social worker to enter the home and interrogate the children. The lower court agreed that it was and issued a search warrant.

HSLDA appealed the decision to the Alabama Court of Appeals on the basis that the Fourth Amendment to the Constitution requires government officials to have "probable cause" (some kind of reliable evidence) to enter individuals' homes. The Alabama Court of Appeals reversed:

> We suggest, however, that the power of the courts to permit invasions of the privacy protected by our federal and state constitutions, is not to be exercised except upon a showing of reasonable or probable cause to believe that a crime is being or is about to be committed or a valid regulation is being or is about to be violated....
>
> *The 'cause shown' [in this case] was unsworn hearsay and could, at best, present a mere suspicion. A mere suspicion is not sufficient to rise to reasonable or probable cause.*

H.R. v. Department of Human Resources, 609 So. 2d 477 (Ct. Civ. App. ALA 1993)

In the years since 1993, court after court has rejected the myth that social workers are exempt from the requirements of the Fourth Amendment.

In *Calabretta v. Floyd*, 189 F.3d 808 (9th Cir. 1999), for example, a case we litigated, the unconstitutional strip search took place on October 27, 1994. The federal district court denied the social worker's summary judgment motion for qualified immunity, and the Ninth Circuit affirmed that ruling on Aug. 26, 1999.

The Fourth Amendment rights case was originally filed February 24, 1995, by HSLDA on behalf of Robert and Shirley Calabretta in the Eastern District of California federal court, after a Yolo County policeman and social worker illegally entered the Calabretta home and strip searched their three-year-old daughter. The policeman and social worker forced their way in the home over the objections of the mother based simply on an anonymous tip. The tipster merely said she heard a cry in the night from the Calabretta home, "No Daddy no!" After the coerced entry, interrogation of the children, and the strip search of the three-year-old, no evidence of abuse was found and the officials ended the investigation. The police officer and social worker said "thank you" and left.

The Ninth Circuit came down hard against the social workers for violating the 4th Amendment:

> We held, years before the coerced entry into the Calabretta home, that even in the context of an administrative search, "[n]owhere is the protective force of the fourth amendment more powerful than it is when the sanctity of the home is involved.... Therefore, we have been adamant in our demand that absent exigent circumstances a warrant will be required before a person's home is invaded by the authorities." 189 F.2d at 817, quoting *Los Angeles Police Protective League v. Gates*, 907 F.2d 879, 884 (9th Cir.1990).
>
> The reasonable expectation of privacy of individuals in their homes includes the interests of both parents and children in not having government officials coerce entry in violation of the Fourth Amendment and humiliate the parents in front of the children. An essential aspect of the privacy of the home is the parent's and the child's interest in the privacy of their relationship with each other. 189 F.2d at 820.

The precedent is very clear. The 4th Amendment does apply to social workers. This landmark decision of *Calabretta v. Floyd*, makes it perfectly clear that social workers are bound to obey the U.S. Constitution when investigating child abuse cases. With respect to the Fourth Amendment, the Ninth Circuit settled the social worker question once and for all. No longer can social workers enter a home without either a warrant or probable cause of an emergency. It is a myth that Child Protective Services agencies are exempted from the Fourth Amendment's prohibitions against illegal searches and seizures.

In another case in California, on Tuesday, May 18, 1999, at approximately 3:00 p.m., two social workers from Child Protective Services arrived at the DeSantis home to investigate an *anonymous complaint* of child abuse. The social workers insisted upon entry to investigate allegations of physical abuse, to examine the utilities, and to make certain that the children had adequate food and clothing.

"You do not have my consent to enter, but the gate is open," Mrs. DeSantis told the workers. Despite the mother's objections, Debbie Mulvane and Sandy Knabb pushed through the gate and marched into the house.

Once inside, they strip-searched the two younger children and subjected the seven year old to a traumatizing private interview. As the social workers left, they stated that the referral was a hoax and the case would be closed.

On March 2, 2000, HSLDA filed a civil rights lawsuit on behalf of the DeSantis family against the social workers for violating the family's Fourth Amendment right against entry without a warrant.

After long negotiations, the social workers finally agreed to pay Mr. and Mrs. DeSantis $40,000 to avoid a trial.

In another HSLDA case, ***Marsh v. Bellanca***, based on anonymous tip, officials entered a home without consent. On February 1, 2001, HSLDA filed a civil rights suit against the Riverside County child welfare agency. A social worker visited one of our member fathers in Riverside, California, and advised that he was investigating child neglect and abuse because the son was not registered in public school. Even though it was July 20, 2000, and school was not in session, the father explained that his son was enrolled in a private school. The social worker admitted the report was *anonymous*.

Nevertheless, the worker insisted that the child needed to be interviewed. The father objected, but the two uniformed officers accompanying the worker pushed their way past him. Mr. Marsh advised the officers that they had entered against his will and that he was going to contact his attorney. The social worker inspected the child's sleeping quarters and then interviewed the child out of the presence of the father. Mr. Marsh gave the social worker the name and phone of the private school, as well as the birth dates of himself and his wife. The officials left, but indicated that the investigation may not be over.

In addition to the 4th Amendment rights, parents also have "the fundamental right to direct the education and upbringing of their children" as guaranteed under the 14th amendment of the U.S.

Constitution. The United States Supreme Court made it clear that these are, in fact, fundamental federal rights. In *Troxel v. Granville*, 530 U.S. 57 (2000), the Court struck down a Washington state statute that allowed juvenile courts to order third party visitation without any showing of parental unfitness or harm to the child. The Court ruled that this statute deprived parents of a federally protected liberty interest without due process of law.

This affirms a long line of U.S. Supreme Court case starting with *Meyer v. Nebraska*, 262 U.S. 390 (1923), *Pierce v. Society of Sisters*, 268 U.S. 510 (1925), *Wisconsin v. Yoder*, 406 U.S. 205 (1972), and *Parham v. J.R.*, 442 US 584 (1979). The treatment many parents are receiving at the hands of social workers violates parent's fundamental rights to direct the upbringing of their children.

CAPTA: The Solution to Reform the Child Welfare System

The five areas where child welfare laws most need reform are:

1. Anonymous Tips: As a condition of receiving federal funds, CAPTA should be amended to mandate states to require *all* reporters of child abuse to give their names, addresses and phone numbers. This will curtail false reporting and end harassment using anonymous tips. CAPTA should be amended by adding subsection 42 U.S.C. 5106a(b)(2)(A)(xiv):

> provisions and procedures to assure that no reports shall be investigated unless the person making such a report provides such person's name, address and telephone number and that the information is independently verified.

2. False Reporting: As a condition of receiving federal funds, CAPTA should be amended to mandate that states make it at least a class C misdemeanor to knowingly make a false report. U.S.C. 5106a(b)(2)(A)(iv) should be amended to add:

> . . .and penalties for any individuals who knowingly or maliciously makes a false report of any type of child abuse or neglect that includes—

> a provision stating that such persons shall also be liable to any injured party for compensatory and punitive damages
>
> and a provision requiring that all reporters be informed of the penalties for false reporting and that the call is being recorded. (e.g. Connecticut).

Seventeen (17) states have penalties for false reports in their child welfare code. (See attached chart, *States that require penalties for false reports*).

3. Specific Declaration of the 4th Amendment Probable Cause Standard: Social workers must be held accountable to the same 4th Amendment standards as the police and other law enforcement authorities. As a condition of receiving federal funds, states should be mandated to declare in their state code that a warrant, supported by probable cause, must be obtained before a social worker can enter the home without consent of the parents. Social workers and those subject to an investigation should be put on notice of the constitutional standards. CAPTA should be amended by adding subsection 42 U.S.C. 5106a(b)(2)(A)(xv):

> provisions which specifically require that in the absence of imminent danger, prior to entrance into a home, to remove a child, or for any other reason for which they might seek entrance into a home *without consent of the parents*, social workers shall be held to the same standard as law enforcement personnel, and shall be required to obtain a warrant, issued only on a sworn affidavit that establishes *probable cause*." (e.g. Oklahoma, Alabama, Minnesota, New Hampshire, South Carolina).

Only sixteen (16) states have even a minimal mention of 4th amendment standards. (See attached chart, *States that require probable cause before nonconsensual entry into the home*).

4. Requirement that Individuals Have the Right to Know Allegations and Certain Rights: Individuals subject to investigation for child abuse allegations should have the right to know the allegations and be informed of their 4th Amendment rights. CAPTA should be amended by adding subsection 42 U.S.C. 5106a(b)(2)(A)(xvi):

> Provisions and procedures which require states to inform individuals subject to a child abuse investigation of the specific allegations and their rights under the 4th Amendment of the United States Constitution to refuse entry into their home (e.g. New Jersey).

Only eight (8) states have any requirement that social workers inform suspects of their rights. Only three (3) of those states require the social worker to reveal the allegations to the suspected parent. (See attached chart, *States that require individuals under investigation be informed of certain rights*).

5. Specific Recognition that Reasonable Corporal Discipline by Parents is Not Child Abuse: As a condition of federal funds, states should be required to recognize reasonable corporal punishment as not abuse. Many parents are routinely investigated for engaging in traditional discipline for children. The child abuse definition in CAPTA should be amended in 42 U.S.C.S 5106g(2):

> The term child abuse and neglect does not include reasonable corporal discipline that does not result in a physical injury. (e.g. Texas, Minnesota, Alabama).

Twenty-eight (28) states have such provisions. (See attached chart, *States that specifically recognize that reasonable corporal discipline is not abuse*).

VII. CONCLUSION: CONGRESS HAS A RESPONSIBILITY TO UPHOLD PARENTAL DUE PROCESS RIGHTS

As long as social workers continue to operate outside of the Constitution, the privacy rights and parental rights enjoyed by Americans everywhere will be in jeopardy. These amendments to CAPTA will significantly protect families from the abuses of the child welfare system.

Respectfully submitted,

Christopher J. Klicka, Esq.

APPENDIX I

True Accounts of Social Workers Threatening Innocent Families

This is the Consequence of Inconsistent Application of Constitutional Standards by the States

Colorado: Hostile Investigation Dropped

Mrs. S was shocked when a sheriff and two social workers from the Department of Human Services (DHS) came to her house and demanded an interview based on allegations that she was a "recluse" and had not left her house in three years.

A widow who is raising her two autistic children on her own, this home schooling mother lives in a remote area, and in caring for the needs of her children, she is not able to leave the house very often.

Mrs. S wisely indicated that she could not let the social workers in her house, and stated she would have to call her attorney. The sheriff responded, "If you close the door, I will break it down." He also stated that if she did not cooperate, "Things will get nasty."

Fearing these threatening statements, Mrs. S acquiesced after a 20-minute standoff and let the sheriff and social workers in her home. They interviewed her and looked around the house. When they left, they indicated that they would contact her in the near future.

Mrs. S contacted HSLDA. I immediately called the social worker and explained that Mrs. S was doing nothing illegal in home schooling and caring for her children. I requested that the investigation be dropped at once.

The social worker acknowledged that there was no reason to think abuse was taking place. She also admitted that she could not defend the manner in which the interview was conducted, and she indicated that the investigation was unfounded.

This matter has been resolved to the satisfaction of all parties involved.

Michigan Family Harassed by Social Service Agents

Last week, a Home School Legal Defense Association member family from upper Michigan was shocked to find two social workers at the front door, responding to an allegation that the parents were physically abusing their children. The fact that a witness, rather than an anonymous tipster, had called in the allegation made the charge more serious.

The family immediately called HSLDA. Over the phone, I reminded the social workers of the family's constitutional protection against unwarranted entry into the home. One of the social workers revealed that he had tried getting back in touch with the witness and found out that the witness had given a false name and phone number, thus undermining the credibility of the allegation.

After nearly two hours of discussion with me at the family's door, the social worker said he could close the case if he could simply see the children at the door and ask them a few questions. The father consented.

As I listened in over the phone, each of the children cheerfully and articulately answered a few questions. This apparently satisfied the social workers, who promised to close the case and to work with the local prosecutor to track down the malicious tipster.

Michigan: "What Is the Fourth Amendment Again?"

Mr. and Mrs. A were enjoying an extended out-of-state trip with their family. While checking their answering machine, they discovered a message from a local child protective services worker. Mr. A called CPS to find out what was going on. Apparently, an anonymous person had alleged that Mr. A's children were being "beaten" and that one had a black eye. The charges were completely false, but the CPS worker insisted that, as soon as they arrived back from their trip, he come into their home and interview each child, including their three year old.

Upon my advice, the family submitted a statement from their doctor, giving the family a clean bill of health and several character references.

However, the CPS worker still insisted that the law required him to come into the house and interview the children. When I challenged him that this was not in the law, he was not able to produce any authority to the contrary.

When I told the CPS worker we simply wanted to protect the family's Fourth Amendment rights, he asked "What is the Fourth Amendment again?" This man has been a social worker for 20 years, and yet he did not know what the Fourth Amendment to the U.S. Constitution says! The Fourth Amendment is the key Due Process protection that every law enforcement officer must follow.

I reminded the social worker that he had no right to enter the home and interview the children without a warrant or court order signed by a judge. The anonymous tip he had received was false and did not rise to the level of probable cause. After 30 minutes of discussion, the situation was finally resolved to the satisfaction of the parents, and the social worker determined that allegations were unfounded.

Kentucky—Social Worker Says Home Schooling without Certified Teacher Illegal

Pendleton County, Kentucky—Two of the most common legal difficulties home schoolers face are anonymous tips to social services by people who are not familiar with all the facts of a situation or government officials who do not know the law. Last week, a single mother in Kentucky faced both problems during an unpleasant social services investigation.

Mrs. T, who home schools her three children, was making preparations to move out of her house. As part of these preparations, the electricity was turned off. Unfortunately, the house she was planning to move into was not immediately available, so she and her children temporarily moved in with her mother, who lives close by.

An unknown person reported the T family to the Kentucky Department of Children and Families, claiming that the children were living in a house without any electricity and were not attending school.

When a social worker came to Mrs. T's door while the family was packing, Mrs. T explained the circumstances. However, the social worker demanded entry to talk to the children about their schooling. Claiming that home schooling is illegal in Kentucky unless the teacher is state-certified, she threatened to remove the children from the home.

Mrs. T called HSLDA, and HSLDA immediately informed the social worker that Kentucky law allows parents to teach their children at home, and that Mrs. T was in full compliance with the law. After the local public school confirmed that Mrs. T had indeed sent in her notice this year, the social worker agreed to drop all of the allegations.

Nevada Family Successfully Handles Hostile Investigation

NEVADA—Mrs. P was at the library around lunchtime with several of her children, who began telling her that they were "starving." Evidently, someone overheard them and called in an anonymous tip to Child Protective Services, claiming that the children were "starving and dirty." This complaint resulted in an aggressive investigation.

A few days later, a social worker visited Mr. and Mrs. P at home. They explained the situation at the library and brought the children to talk to him, so that he could see they were well fed. But that wasn't enough—the social worker then demanded to enter the home, which Mr. and Mrs. P respectfully denied.

When the P family told HSLDA about the investigation, HSLDA contacted the social worker and explained that the Fourth Amendment protected our member's right to deny his entry without a warrant or an emergency.

Several weeks passed. Suddenly, the social worker showed up on the family's doorstep, again demanding entrance. Mr. and Mrs. P called HSLDA and handed the phone to the social worker. After HSLDA reiterated the family's rights and the family showed the official that they had food on hand, he yelled at Mrs. P and left.

The next day, the social worker's supervisor called Mrs. P and, after vigorously complaining that the family had been "uncooperative," informed her that the case was unfounded.

Missouri: HSLDA Defends Family from False Allegations

The W family in Missouri, Home School Legal Defense Association members, was recently visited by a social worker investigating allegations that their children were not in school.

When the social worker arrived at their door, Mr. W immediately called HSLDA. We talked to the social worker to discover the specific allegations and then explained Mr. and Mrs. W's constitutional rights.

In response to the allegation of truancy, we told the social worker that the W family was home schooling in compliance with Missouri law. While she quickly dropped that claim, as required by state law, she still insisted upon investigating other allegations, including that of physical neglect and unsafe living conditions.

We advised Mr. and Mrs. W to have their children examined by their family pediatrician. The doctor gave them all a clean bill of health and wrote the social worker a letter to this effect.

In addition, we were able to find a friend of the W family who was a police officer. He examined the house and reported to the social worker that there were no unsafe conditions.

After we supplied the social worker with all this information, the W family had no further contact from her.

Committee on Education and the Workforce

Witness Disclosure Requirement – "Truth in Testimony"
Required by House Rule XI, Clause 2(g)

Your Name: CHRISTOPHER J. KLICKA		
1. Will you be representing a federal, State, or local government entity? (If the answer is yes please contact the Committee).	Yes	No ✓
2. Please list any federal grants or contracts (including subgrants or subcontracts) which you have received since October 1, 1998: NONE		
3. Will you be representing an entity other than a government entity?	Yes ✓	No
4. Other than yourself, please list what entity or entities you will be representing: HOME SCHOOL LEGAL DEFENSE ASSOCIATION: 73,000 MEMBER FAMILIES (APPROXIMATELY 250,000 CHILDREN AND 150,000 PARENTS)		
5. Please list any offices or elected positions held and/or briefly describe your representational capacity with each of the entities you listed in response to question 4: SENIOR COUNSEL OF HOME SCHOOL LEGAL DEFENSE FOR 16 YEARS (SINCE 1985)		
6. Please list any federal grants or contracts (including subgrants or subcontracts) received by the entities you listed in response to question 4 since October 1, 1998, including the source and amount of each grant or contract: NONE		
7. Are there parent organizations, subsidiaries, or partnerships to the entities you disclosed in response to question number 4 that you will not be representing? If so, please list:	Yes	No ✓

Signature: Date: 10/15/01

Please attach this sheet to your written testimony.

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PERSONAL INFORMATION: Please provide the committee with a copy of your resume (or a curriculum vitae). If none is available, please answer the following questions:

a. Please list any employment, occupation, or work related experiences, and education or training which relate to your qualifications to testify on or knowledge of the subject matter of the hearing:

SEE ATTACHED VITAE

b. Please provide any other information you wish to convey to the Committee which might aid the members of the Committee to understand better the context of your testimony:

I HAVE WORKED AS SENIOR COUNSEL OF THE HOME SCHOOL LEGAL DEFENSE ASSOCIATION FOR 16 YEARS AND HAVE HANDLED NEARLY 1000 LEGAL CONFLICTS [illegible] AND INVESTIGATIONS WITH SOCIAL WORKERS. I HAVE BEEN ON THE FRONTLINES DEFENDING PARENTS RIGHTS IN THE FACE OF AGGRESSIVE SOCIAL WORKERS

Please attach to your written testimony.

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APPENDIX E – WRITTEN STATEMENT OF LINDA DUNPHY, DIRECTOR, EARLY CHILDHOOD DIVISION, NORTHERN VIRGINIA FAMILY SERVICE, FALLS CHURCH, VIRGINIA

Good morning, I am Linda Dunphy of *Northern Virginia Family Service*, where I serve as the Director of their Early Childhood Division. For the past ten years, I have overseen the development of four ***Healthy Families America*** sites and two ***Early Head Start*** projects. We serve over 1200 young families with children mostly between the ages of 0-3. I was invited to share with this Congressional Committee our success story of 10 consecutive years in meeting our goals of preventing child abuse and neglect and having a score of positive outcomes with children from the most vulnerable families in Northern Virginia.

First allow me to provide some background on ***Healthy Families America*** (HFA) which is the largest single programming we host. Begun in 1992, ***Healthy Families America***, a signature initiative of *Prevent Child Abuse America*, aims to reduce the occurrence of abuse and neglect and promote healthy growth and development of children pre-natally to school entry. ***Healthy Families America*** sites have expanded and flourished for nearly a decade, with services existing in most states for a total of over 420 program sites nationwide. We are among 38 sites in Virginia alone. In the region, the *Freddie Mac Foundation* and a score of other private and public funders, including the Federal government have supported our development of Healthy Families sites in Northern Virginia based solely on the impressive outcomes we achieve with the most unlikely families.

We pursued ***Early Head Start*** (EHS) grants as a way to expand our services in this "strength based" prevention model because the goals of EHS and HFA are nearly identical -- emphasis on promoting positive health and developmental outcomes with the most vulnerable children in our society and to also promote a strong, healthy bonding and attachment between child and parent. These are voluntary programs where parents choose to participate as a way to help them succeed with their own children.

The research in the past decade alone only cements the research of previous years that preventing child abuse and neglect is critical to the well being of children, their families and our communities. **There is tremendous research linking juvenile delinquency and criminality to the negative experiences children experience in their most earliest years.** If experiences are provided that are nuturing, loving, structured, predictable, and

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enriched, the brain will develop in a healthy way. Conversly, if children are exposed to violence and chaos and are emotionally neglected early in life, they often have trouble with developing the capacities of empathy, attachment and emotional expression. They often develop aggressive and violent reactions to normally stressful situations that other children can handle appropriately...the behavior we call juvenile delinquency or criminality[1].

The most far reaching neuro-scientific study "*From Neurons to Neighborhoods – The Science of Early Childhood Development*" from the *National Research Council Institute of Medicine* combines the medical research with the social research into the most compelling arguments for investing in sound prevention strategies aimed at our most youngest children. Their findings have confirmed the conclusions of Lizbeth Schorr that the "rotten outcomes" of adolescence have their roots in early childhood and are usually related to multiple identifiable risk factors (Schorr, Within Our Reach, 1986).

One of the reports most important themes is "Early environments matter and nurturing relationships are essential." You cannot address prevention of child abuse by side-stepping this essential fact. Thus, the report concludes:

> "The overaching question of whether we can intervene successfully in young children's lives has been answered in the affirmative and should be put to rest. However, **interventions that work are rarely simple, inexpensive or easy to implement**. The critical agenda for early childhood intervention is to **advance understanding of what it takes to improve the odds of positive outcomes** for the nation's **most vulnerable young children** and **to determine the most cost-effective strategies** for **achieving well-defined goals.**"

Northern Virginia Family Service was invited here today because we are living proof that this agenda is possible. We implement two models of early intervention that are aimed at the roots of child abuse prevention: ***Healthy Families America and Early Head Start.***

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[1] Perry, B.D. et al. Rethinking the Brain: New Insights into Early Development. (1996) Families and Work Institute – Conference Report.

They are both based on decades of research and experience indicating success via soundly proscribed home visitation strategy in addressing negative childhood outcomes, including failure to thrive, lack of school readiness, juvenile delinquency and child abuse. Studies show carefully proscribed home visitation programming consistently proves to be the most effective strategy for preventing maltreatment of infants and children before it has a chance to begin.

Our ***Healthy Families*** and ***Early Head Start*** programs consistently reach those families who would otherwise have the greatest likelihood of needing high end treatment services in the future. Over 95% of the parents we serve in ***Healthy Families*** and ***Early Head Start*** have risk indicators in their lives that places them at a moderate to severe risk for having poor outcomes with their children. These include previous childhood history of abuse and neglect, substance abuse, domestic violence, economic hardship, teen pregnancy, single parenting, unrealistic expectations of children. And when you consider that about 80% of the most severe confirmed cases of child abuse in this country involve children under five years of age and the (NCPCA, 1986) the median age of death is about 2.6 years of age, (NCPCA, 1988) supporting the most vulnerable parents right around the time of birth of their first child makes tremendous good sense as well as a wise investment.

How does it work? New parents who might be overwhelmed with the birth of their child are referred to our **Healthy Families sites in Northern Virginia by** local hospitals, health department and other community sources. From these referrals, highly trained family support workers help identify those who would most benefit from intensive, voluntary home visitation. Then beginning on a weekly basis, young families develop a one-on-one, ongoing relationship with a home visitor who understands their concerns. We build parents' competence, self-reliance and self-esteem, minimize unintended pregnancies and strengthen positive interaction between parents and their young children, thereby preventing child abuse and neglect and preparing children to enter school. Weekly home visits begin prenatally or around the time of birth and are continued through the baby's first months. As the infant develops and families become increasingly self sufficient; visits occur bi-weekly, monthly and then quarterly until children turn five and are ready for school.

Our routine Family Satisfaction Surveys consistently year to year report parents find the program helpful to them in raising their children and they would refer us to a friend.

At Northern Virginia Family Services for nine consecutive years, evidenced by independent evaluations, we have achieved the following objectives with a population of families where from 68%-81% of mothers reported having been abuse themselves as children – the single most prevalent risk factor for inter-generational abuse and neglect. And nearly 95% have risk indicators for abuse and neglect and other poor childhood outcomes and 30% of them are teen parents.

Goal(s): Families will receive appropriate health care.

Objectives
90% of pregnant participants deliver babies weighing at least 2,500 grams (5 lbs., 8 oz).
95% of target children have a health care provider within two months of enrollment.
85% of mothers have an interval of at least 24 months between first child and subsequent births.

Goal(s): Children will develop optimally.

Objectives
While enrolled, 90% of target children meet age appropriate developmental milestones, excluding those born with congenital delays.

Goal(s): Parents will demonstrate positive parenting.

Objectives
75% of the total home visits due/scheduled are completed

Goal(s): Children will not be abused or neglected

Objectives
95% of families do not have founded (or substantiated) reports of child abuse or neglect

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on the target child(ren) while enrolled in ***Healthy Families.***

These are remarkable outcomes with highly vulnerable families. We accomplish this every consecutive year since 1991 typically exceeding these outcomes. These outcomes exceed the normal rates in the general population. Consider that national immunization rates are only at 77% for the entire population and we get 90% and more. The outcome of spacing the next child two years from the first is especially central to creating a strong foundation of healthy parenting with the first child, minimizing stressors of two children, ensuring opportunity to complete high school for our teen parents, and promotes a healthier pregnancy overall when the body is given time to recuperate.

With the most important overarching goal of preventing child abuse our rates are consistently 98% and above. These are the very kinds of families who have the greatest likelihood of poor outcomes including child neglect or abuse. Keep in mind, our families are fully informed from the beginning that our staff are mandated reporters for CPS. Yet, this is not a deterrent for their participation. Because our work with families is aimed at strengthening the parents' capacity to raise healthier, happier, more well-adjusted children. This approach ensures the next generation will not need costly services which we now struggle to provide.

The success story for Northern Virginia Family Service with **Healthy Families and Early Head Start** – which is echoed in many other sites across the country – confirm that children are on track for school readiness and child abuse and neglect is being prevented at its root causes. The estimated costs for our Healthy Families home visiting is $3,200 per family per year compared to an average of $13, 000 per child per year who needs treatment services. Prevention is ALWAYS a wiser investment than addressing the aftermath of doing too little too late.

If we as a society determine that preventing child abuse and neglect is a far better goal than merely dealing with its consequences, all available evidence indicates that prevention should begin at the most compelling point, the beginning of a child's life—particularly for those whose parents are facing the greatest odds.

Please increase child abuse prevention funding via CAPTA for those strategies that are proven effective and who echo the recommendations in *Neurons to Neighborhoods*. It's the most sensible investment and ethical decision when it is children's lives we are affecting.

Thank you for this opportunity.

Linda L. Dunphy, MSW
Early Childhood Division Director
Northern Virginia Family Service
100 N. Washington Street Ste 200
Falls Church, VA 22046

Web site: nvfs.org

METRO

THURSDAY, APRIL 19. 2

MARC FISHER

Troubled Parents Learn to Create Healthy Families

In the infamous and sickening killing of 23-month-old Brianna Blackmond, the D.C. social service tem knew full well and for a long time Brianna's mother, Charrisise, was fully unfit to care for the child.

In the shocking and avoidable slaying 3-year-old Katelyn Frazier, the lexandria social service system was told at least three months before the girl's fatal beating that she had suffered bruises all over her body while in her mother's care.

Someday, maybe, adults will go to jail for killing those babies. Someday, maybe, government will be forced to get tougher on parents whose abuse is so extreme that everyone around the children seems to know about it.

But right now, in hundreds of homes in Alexandria, the District and many other places, parents who have never lifted a finger against their children—but who fit the profile of those who might—are getting loving, intensive care and friendship that could stop abuse before it happens.

At 2½, Rene is a chattering, leaping sportsman, tossing every imaginable kind of ball around the living room. At the moment, he is armed with fat gobs of finger paint. As soon as he finishes twirling himself around on the white carpeting, he will smear as much finger paint on his mother's face as he can in a single headfirst dive.

Betty Michel—25-year-old first-time mom, abused child, arrested at 18 for assaulting her own sister—receives the incoming paint bomb with giggles and a throaty, "Oh, man!"

This is nothing short of a miracle.

When she got the first call from Healthy Families, the public-private partnership that intervenes in the lives of troubled mothers-to-be, Michel was on the verge of giving her baby up for adoption. "My mother was telling me to get an abortion. I was uneducated, didn't have a job. His father wasn't around," Michel recalls. "I didn't like children. I did not ever like babies. My friends would be walking in the mall and see a baby and say, 'Oh, how cute!' and I would just keep walking."

In Alexandria, Healthy Families gets to people like Michel through cold calls made to every woman who turns up on a Health Department list because she faces many of the same stresses that many abusers do—a parent who abused her, an unplanned pregnancy, no father in the picture, and so on.

A counselor rings up with an offer to talk about the pregnancy. Amazingly, 95 percent of those who get the call agree to meet. And 98 percent of the families stay free of abuse for at least the five years they are in the program.

Michel clicked with her counselor and decided to keep the baby. After he was born, the counselor "taught me about bathing and diapering, how to give medicine and take a temperature. She taught me baby massage, and I love it because it is so calming. We still do it every night."

"Abuse happens most frequently to infants, and part of that is because they cry," says Sally Campbell, manager of the Alexandria program. "So mothers need to learn that babies will cry less after the first two months and they will cry less if you pick them up. That sounds basic, but if this is your first child, and you're 7,000 miles from your own mother, and there's no one to teach you, you need someone."

Michel credits her son, and Healthy Families, for giving her direction. Without the weekly visits, as well as therapy the program arranged for her, Michel says, "my son would be in a foster home and I'd probably be in jail."

Instead, she is an intern in lactation consulting at Washington Hospital Center and a part-time breastfeeding counselor at the Alexandria Health Department—plus she's studying to become a midwife.

On her third counselor now, she still makes panicked calls. "Sometimes I fear I'll be abusive or distant, and I call, or I get so mad I think I want to hit him, and I'll call. They calm me down and say it's going to be okay, it's normal for parents to be frustrated.

"When we're having a really bad day and I'm tired and nothing goes right, I sometimes think I should give him up. But I don't think I would."

Healthy Families, a nonprofit that gets 60 percent of its funds from local and state governments and the rest from private sources, tries, Campbell says, "to help parents fall in love with that baby and feel competent as parents."

Betty Michel: "Before my son was born, I never looked at the clouds or the trees. Now, I do it with him. I couldn't stand those cheesy Barney songs. Now I find myself singing them. I'm a good mom."

Northern Virginia Family Service

Healthy Families Alexandria
5249 Duke Street #308
Alexandria, VA 22304
(703) 370-3223

Healthy Families/EHS
Prince William Area
14381 Hereford Road
Dale City, VA 22193-2107
(703) 680-9358

9824 Business Way
Manassas, VA 20110
(703) 392-4901

Healthy Families Arlington
2924 Columbia Pike, Suite 202
Arlington, VA 22204
(703) 769-4600

Healthy Families Fairfax
A collaboration of Northern Virginia Family Ser
Reston Interfaith, United Community Ministries,
Fairfax County Department of Family Service
and Fairfax County Department of Health
100 N. Washington Street, Suite 400
Falls Church, VA 22046
(703) 533-2558

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NORTHERN VIRGINIA's Healthy Families Programs
OUTCOMES JULY 2000 - JUNE 2001

Outcome Objectives	Alexandria	Arlington	Fairfax*	Pr. Wm.	Loudoun
90% pregnant mothers delivered healthy babies.	98%	95%	90%	98%	100%
85% mothers had at least 24 months between subsequent births.	97%	99%	98%	93%	88%
95% children had a primary health care provider.	97%	99%	96%	98%	100%
90% children up-to-date on recommended immunizations.	95%	95%	n/a	92%	99%
90% children met age-appropriate developmental milestones.	90%	72%	97%	91%	98%
95% families had no founded reports of child abuse/neglect.	99%	98%	99%	99%	99%
100% of children identified with possible delays were referred to early intervention.	100%	100%	100%	100%	100%
100% of children refer'd to early intervention services were monitored for follow-thru.	100%	100%	100%	100%	67%
85% parents surveyed reported program was helpful in raising their children.	98%	100%	98%	97%	95%
70% of home visits due will be completed.	77%	77%	83%	79%	83%

Service and Need Levels	Alexandria	Arlington	Fairfax	Pr. Wm.	Loudoun
# of Home Visits Completed	2971	2282	7229	4303	1487
# of In-Person Contacts (home visits+groups, other contacts)	3605	2526	8006	5340	n/a
# of Families Served	307	204	534	372	107

NOTE: Outcome Objectives for Alexandria, Arlington and Prince William are based on families who received at least 8 home visits, with the exception on prenatal objectives, which are based on families who received at least 4 home visits prior to the birth of the child

**The Healthy Families Fairfax program consists of several sites, with Falls Church being the only one managed by Northern Virginia Family Service. Please note that the numbers reported here are for the entire program, including those sites/components that are not part of Northern Virginia Family Service.*

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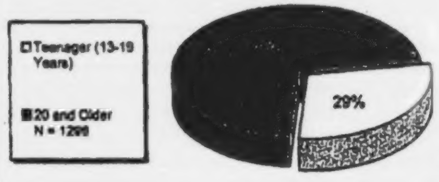
Northern Virginia *Healthy Families* Participant Characteristics
July 2000 - June 2001

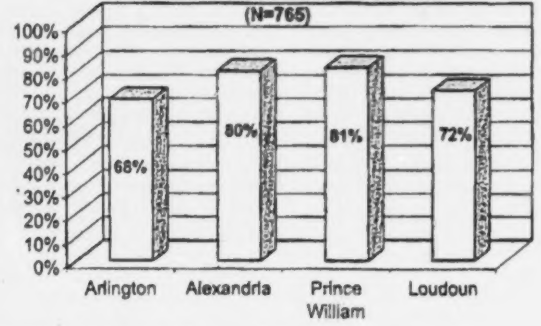
Age of Mothers Upon Enrollment



BREAKDOWN BY SITE

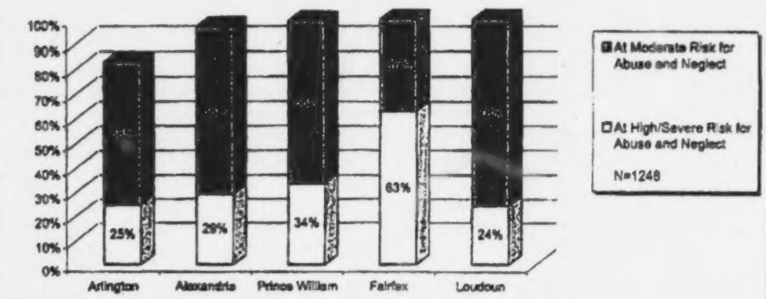
Arlington	24% Teens	76% Adults	N=204
Alexandria	22% Teens	78% Adults	N=307
Pr. William	36% Teens	64% Adults	N=372
Fairfax	28% Teens	72% Adults	N=306
Loudoun	36% Teens	64% Adults	N=107

Mothers who were Abused as Children (N=765)



*Data not available from Fairfax site.

Child Abuse Risk Potential



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Northern Virginia Family Service's Healthy Families Programs
MEAN AVERAGE OUTCOMES JULY 1993 - JUNE 2001

Outcome Objectives	*Alexandria* Dec 1993 - June 2001	*Arlington* July 1997 - June 2001*	*Prince William* July 1997 - June 2001
90% of pregnant mothers delivered healthy babies	92%	96%	99%
95% of children had a primary health care provider	98%	98%	98%
85% of mothers had at least 24 months between subsequent births	94%	98%	92%
90% of children remain up-to-date on immunizations	89%	93%	89%
100% of children identified with possible delays were referred to early intervention services	100%	97%	100%
100% of children who refer'd to early intervention were monitored for follow-thru	100%	100%	100%
90% of children met age-appropriate developmental milestones	92%	87%	93%
85% of parents surveyed reported program was helpful in raising their child(ren)	95%	94%	97%
70% of home visits due were completed	82%	77%	74%
95% of families had no founded reports of child abuse/neglect	99%	98%	99%

NOTE: Since 1998, outcome objectives for Alexandria, Arlington and Prince William as based on families who received at least 8 home visits, with the exception on prenatal objectives which are based on families who received at least 4 home visits prior to the birth of the child. Before that time, outcomes were based on having received at least 4 home visits.

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APPENDIX F – STATEMENT OF JOANN GRAYSON, PROFESSOR OF PSYCHOLOGY, JAMES MADISON UNIVERSITY, HARRISONBURG, VIRGINIA

Testimony for the
HOUSE COMMITTEE ON EDUCATION AND THE WORKFORCE
SUBCOMMITTEE ON SELECT EDUCATION
OCTOBER 17, 2001

Joann Grayson, Ph.D.
Professor of Psychology
James Madison University
Harrisonburg, VA 22807

Good morning Mr. Chairman and members of the committee. It is a privilege to be here today. My name is Joann Grayson. I am a clinical psychologist, a professor at James Madison University, and a member of the American Psychological Association. For the past 25 years I have served as a forensic evaluator for courts and the department of social services. I coordinate a local prevention and intervention program for foster children. I have edited a national publication about child abuse and neglect for the past 20 years.

My husband and daughters and I live on and operate a small family farm. When I make budgeting decisions for my farm or my family I use two main criteria . I ask "What do we need?" and "What will be effective?"

Today I'm here to discuss with you the reauthorization of CAPTA, the Child Abuse Prevention and Treatment Act, and how the criteria of need and effectiveness apply to this legislation.

The need for CAPTA is self-evident. 1999 statistics show over 800,000 substantiated cases of child maltreatment and over 1000 child deaths due to abuse or neglect.

Numbers are not the only way to gauge need. The negative effects of maltreatment are well documented. For example, as a group, maltreated children incur a nearly four-fold increased lifetime risk for psychiatric disorders and a three-fold risk for substance abuse. There is heightened risk of academic failure and juvenile delinquency. Untreated children are six times more likely to maltreat their own children, creating a continuing cycle of abuse. Obviously, CAPTA's focus on pervention must be maintained and strengthened.

How effective are the intervention and prevention efforts supported by CAPTA?

I have been in a position to watch the emergence and refinement of successful programs to prevent and reduce maltreatment. Consider just a few examples of progress:

* Substantiated cases of child maltreatment are lower for the sixth year in a row.
* Teenage pregnancy rates are lower than they have been in the past 20 years.
* The incidence of shaken babies has fallen dramatically in localities where public awareness campaigns have been undertaken.
* We are partnering with houses of worship to reach minority communities because spiritual leaders want to bring proven prevention programs to their congregations.
* Businesses have invested in child abuse prevention. For example, in Hampton, VA, business interests contribute heavily to the Healthy Families program because having workers who are effective parents makes good business sense.
*Changes in court processing of child abuse and child sexual abuse cases have been significant. When I began my career, these cases were often not pursued at all,

young children were barred from testifying and sentences for offenders (when convicted) were minimal. Children who did testify were frequently traumatized by the legal process. Today children routinely testify in court and we have learned how to accommodate their special needs. Children are likely to have a trained guardian ad litem appointed to assist them and may also have a court appointed special advocate. Court is still a stressful experience for children, but many of the children I work with leave the legal arena feeling that they have done a good job.

What has made the difference since the early 1970's when I started my career? CAPTA has funded training for mental health professionals, for CPS workers, for judges, for doctors and for others. The legislation has supported research, the development of protocols, court improvement projects, and many intervention and prevention efforts.

There is still a need for attention to the balance between personal freedom of families and child protection. Many innovations are currently in progress for handling cases differently than in the past. For example, my state along with others is implementing a Multiple Response System that allows intervention and help without investigation and labeling in less serious cases of maltreatment. Child Fatality Teams have improved responses to suspicious deaths. Extensive research about risk assessment is allowing workers to better predict which families need increased services. Recently, training has been offered in how to respond in a sensitive fashion to persons of different cultures.

The strength of our nation depends upon people who are capable and who function well. The consequences of failure to address child maltreatment is the destruction of lives and perhaps the destruction of community. Identifying parenting problems early and offering assistance can mitigate the effects of maltreatment and prevent reoccurrence of abuse.

CAPTA has a unique role in supporting system improvement, prevention efforts, services, and research. To maintain these critical functions, higher authorized funding levels are needed. CAPTA has been successful in many ways, but the work of this legislation is not finished. Child abuse and neglect must remain a national priority.

APPENDIX G – DR. JOANN GRAYSON'S WRITTEN RESPONSES TO REPRESENTATIVE SCOTT'S QUESTIONS

JAMES
MADISON
UNIVERSITY.

Response to Questions

Subcommittee on Select Education

Hearing on
"Prevention and Treatment of Child Abuse and Neglect: Policy Directions for the Future"

October 17, 2001

Dr. Joann Grayson
James Madison University

It was a pleasure to testify before the committee. Congressman Robert Scott posed several suggestions at the end of the hearing and requested a written response. Below are the questions and my response.

How should additional monies be spent?

In keeping with a need for flexibility, I think the best use of additional monies is to increase state assistance grants. States, in turn, can fund local prevention/intervention efforts and make improvements to response systems. States could also use additional monies to help successful efforts document their effectiveness through evaluation research. Partnerships with universities could result in such evaluation using students to gather and analyze data, resulting in cost savings.

What prevention programs show promise?

Many programs, large and small, show positive results and promise. A sample is mentioned below.

In general, prevention programs that target families early, sometimes before birth of the first child, have been the most successful. These are primarily home visiting programs that target not just the abusing behaviors, but the overall functioning of the family. A recent study by the National Center on Child Abuse and Neglect (NCCAN) examined 9 prevention programs. Recommendations based on the examination of those programs included utilizing a community-based approach that involves local community

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members on many levels of the project and allows community members to feel empowered. In addition, it was strongly suggested that prevention programs have sound evaluation techniques to more successfully report family outcomes (for more details on this study refer to http://www.calib.com/nccnach/pubs/otherpubs/lessons/intro.cfm).

Family Preservation Programs – Family preservation programs have varied in the scope and content and they have also been plagued with evaluation efforts utilizing a wide array of outcome measures that are not always comparable. Studies have shown that those programs that focus on the wide-ranging influences on the family such as neighborhood, school, mental health, and employment are most successful, as are those longer in duration and which have a more intensive home-visiting component. The most successful family-preservation programs have demonstrated a reduction in children being placed out of the home and decreased recidivism.

There are several factors, related to both the program and the family that influence the success of family preservation efforts. A principle factor determining the effectiveness of these intervention programs is the duration or intensity of the program. Programs that are more intensive and last longer have more enduring effects. Another influential factor is the use of experienced and highly trained professionals. A primary family factor that impacts intervention success is the type of abuse. Families who solely physically abuse are the most responsive to treatment while families with chronic neglect are the most difficult to treat. Other factors influencing outcome include marital status and the quality of the marital relationship, parent psychopathology, parental history of abuse themselves, unemployment and the age and behavior of the child.

Teen pregnancy prevention programs – A separate review of these programs is available upon request. Teen pregnancy rate are presently lower than they have been in the last 20 years.

Home-visiting programs – Home-visiting programs such as Healthy Families or Healthy Start have achieved notable success (see for example, research by Olds et al.). Typical results show reduced pregnancy risks, reduced birth complications, higher rates of immunizations, better developmental stimulation, less likelihood of repeat pregnancies and better developmental outcomes for children. The program presented by Linda Dunphy at the hearing (see hearing transcripts) is an example. Also, a complete review of home-visiting programs is available upon request.

Parenting programs – Programs targeted to at-risk and abusive parents such as the Nurturing Program have shown promising results. A brief review is available upon request.

Family support centers/Family resource centers – A complete review is available upon request.

Sexual abuse prevention – Efforts such as the "Hugs and Kisses" play shown in elementary schools have enjoyed widespread popularity and acclaim. Further information is available.

Primary prevention for developmental disabilities – Education and preventative health care can improve pregnancy outcomes.

Character education programs – In schools such as Rockingham County, Virginia, children learn how to be positive citizens.

Drug abuse education – A complete review is available upon request.

Public education – Campaigns stressing alternatives to child abuse (such as "Never Shake a Baby," "Words Hit as Hard as a Fist") have shown positive effects.

Violence prevention/Conflict management – A review of programs is available upon request.

Respite resource – A review of programs is available.

Self-help – A variety of programs such as Parent Anonymous have shown moderate success in prevention and rehabilitation efforts.

Evaluating prevention programs is difficult. However, we are learning how to make prevention cost-effective and how to maximize success. A more complete review of prevention research is available through the National Child Protection Clearinghouse (http://www.aifs.org.au/uch/issues12.html) "Evaluating Child Abuse Prevention Programs" by Adam M. Tomlinson.

It is extremely important to note that simply replicating a proven intervention strategy will not necessarily result in high quality, effective programs. Local communities need flexibility to build programs with local acceptance. Meeting needs of high-risk parents is best done in the context of meeting needs of all parents. Services should be initiated at birth or sooner.

Is training effective?

Training in the area of child maltreatment has been extensive and has had exceptional results. Training has allowed research findings to be put into practice. Training has helped promising treatment intervention models to be promulgated nationally. Examples are provided below.

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Training efforts must be ongoing for several reasons:

1) Research continues to refine our knowledge base, necessitating the need for continuing education of all professionals;
2) People leave positions either due to retirement/death or to burnout or to mobility;
3) Public education must be ongoing, especially for youth who need to learn positive skills in parenting, character development and conflict management.

The following examples of successful training endeavors are meant to be illustrative, not exhaustive. Further information can be provided, if needed.

Public education – The general population has been educated about the need to report child abuse/neglect and how to report. Education about alternatives to corporal punishment and violence has occurred. There has been education in specific child maltreatment problems (such as "Never Shake a Baby") as well.

Results are that reports of child maltreatment escalated as the general population became more informed. Violence and corporal punishment are less acceptable while anger management and conflict management alternatives are endorsed. For example, some schools have instituted "zero tolerance" policies for weapons, bullying and fighting. In localities addressing specific problems such as shaken baby, rates of those problems have dropped.

Court-improvement projects – There has been extensive training for police, attorneys, judges and other legal professional. The results have been gratifying. For example, CASA programs (Court Appointed Special Advocates) have grown from a few fledgling efforts in the late 1970s to over 450 programs by 1990. Evaluation research in this program has been extremely positive.

Pilot programs have led to changes in how child witnesses are treated and how cases involving child and family violence are handled. Innovations include: the use of police/social work multidisciplinary investigation teams, improved methods for interviewing child witnesses, improved methods for child testimony (such as closed-circuit TV), and sentencing evaluations for sexual offenders.

Child fatalities – Training and education has resulted in changes in how unexplained child deaths are handled. Many communities have formed multidisciplinary teams to deal with these complicated cases. State review teams are considering not only situations of suspicious child deaths, but also accidents and public health concerns. Child fatality teams have spearheaded public education and sometimes policy and legislative change aimed at increased safety for children. Campaigns to provide and properly use car seats for infants and bicycle helmets for youngster are examples of primary prevention efforts resulting from child fatality teams.

Medical training – Training for doctors and hospital staff has resulted in improved detection and handling of child abuse and neglect. Many hospitals have designated specialists to assist with suspected abuse cases. Protocols for data collection have been developed and are in use. Specialized procedures for cases of child sexual abuse and for domestic violence are now common in hospitals and clinics.

Child protective services – Workers have been trained in investigation, in risk assessment and in intervention techniques. There is a growing body of research and literature about decision-making in child protective services. Research has led to innovative models for investigation and service delivery.

Prevention – Prevention programs with proven effectiveness are being implemented throughout the country. Training conferences specific to learning prevention techniques are offered more frequently in recent years.

CAPTA needs to continue to fund training. The need for continuing education in health and human services is so well documented that many states require licensed professionals in health and human services to complete continuing education in order to retain a license to practice.

What research has been done?

Research over the last 25 years has progressed from asking very basic questions to more specific and complex designs. The summary below is not exhaustive.

Incidence research – We know a fair amount about what types of abuse children experience. There have been several national incidence studies and states have established data collection system for reports entering their systems.

Effects of child maltreatment – We know the likely effects of child maltreatment through immediate and retrospective studies. Longitudinal research that will address further questions is underway.

Resilient children – We have learned about factors that mitigate the effects of maltreatment. We know something about why some children endure maltreatment with little harm while others are devastated.

Perpetrators – We have studied the characteristics, mind set, and life styles of those who abuse, neglect, and sexually abuse children. Those who maltreat are a heterogeneous population. However, typologies of offenders have begun to emerge. Typologies can assist in efforts to understand treatment responses.

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High-risk conditions for maltreatment – High-risk conditions and populations have been identified and studied. This is important since prevention effects can be targeted to high-risk populations. Some examples of populations known to be high-risk for child maltreatment are teen parents, parents with substance addictions, parents with serious mental illness, and parents with mental retardation. Children have differential risks for maltreatment according to their own characteristics. We have learned that children at higher risk for abuse include those with developmental disabilities, those born prematurely, and difficult children such as those with attention-deficit problems. Situations increasing risk for child maltreatment include single parent status, poverty, larger numbers of children to provide for, social isolation and lack of family support.

Sibling/peer abuse – We have learned that children can seriously harm other children. We know something about the dynamics of how this occurs and how parents can prevent peer and sibling maltreatment.

Relationships to domestic violence – There has been research on children's reactions to domestic violence. Some child witnesses are also child abuse victims.

Prevention research – Initial findings for some prevention programs are encouraging. Please refer to the question about prevention programming.

What research is ongoing or still needs to be started?

Longitudinal studies of maltreated children – These are needed to verify effects of retrospective studies and to learn what conditions influence child outcome.

Treatment effectiveness – We have started to document treatment effectiveness. We know that some parents are not responsive to treatment and that some populations (such as parents with mental retardation, parents with addictions, parents of a different culture, parents with serious mental illness) require special expertise. For example, substance abuse/addiction during pregnancy is particularly difficult to treat and even specialized addiction treatment programs are not always willing to accept a pregnant client because of additional health risks.

In general, a variety of interventions show promise. However, treatments must be tailored to the particular family's need. There is relatively little outcome research and much more need s to be done in this area. One benefit of knowing who does and who does not respond to treatment will be better typologies for those who maltreat children. A judge will have better information about whether or not an individual is likely to respond to treatment and thus can use that information to weigh alternatives such as prison versus release to community supervision.

Other suggestions for research can be found on the Children's Bureau of the Administration for Children and Families website: (http://www.acf.dhhs.gov/programs/cb/intiatives/priority/htm).

Thank you again for the opportunity to present information to the committee. I am happy to respond further, to respond to other questions and to help in what way I can.

Sincerely,

Joann Grayson, Ph.D.
Professor of Psychology
School of Psychology
James Madison University
Harrisonburg, VA 22807

APPENDIX H – WRITTEN TESTIMONY SUBMITTED FOR THE RECORD BY VOICE FOR ADOPTION (VFA)

TESTIMONY SUBMITTED TO

THE EDUCATION AND THE WORKFORCE SUBCOMMITTEE ON SELECT EDUCATION

US HOUSE OF REPRESENTATIVES

REGARDING ADOPTION OPPORTUNITIES REAUTHORIZATION

WITHIN THE

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

BY

VOICE FOR ADOPTION (VFA)

OCTOBER 25, 2001

Voice For Adoption (VFA), a group of nearly 80 national and local special needs adoption organizations, welcomes this opportunity to submit testimony on the importance of the Child Abuse Prevention and Treatment Act (CAPTA). Our members include professionals, parents and child welfare advocates that are dedicated to ensuring permanent, nurturing homes for our nation's most vulnerable children and strengthening support systems for adoptive families. Although VFA continues to support CAPTA initiatives in general, we are specifically concerned with the section of the measure that addresses Adoption Opportunities Reauthorization.

VFA urges the committee and Congress to: 1) reauthorize the Adoption Opportunities Program, 2) appropriate $50 million for FY 2002, 3) maintain Adoption Opportunities initiatives that address family recruitment and post-adoption services and 4) create a new initiative that that will overcome barriers to inter-jurisdictional placements of children into adoptive homes. *VFA has worked very diligently on the latter and is offering legislative language to address placements across geographical boundaries. A copy of it is attached to this testimony for your review.*

As you may be aware, the Adoption Opportunities program is the only federal program created specifically for promoting the adoption of children waiting in the foster care system within the United States. It provides grants for demonstration projects that eliminate barriers to adoption and provide permanent, loving homes for children who benefit from adoption, particularly children with special needs. Furthermore, the Adoption Opportunities funds are available to all 50 states through a competitive process and can be replicated upon successful outcomes.

The number of adoptable children in the public foster care system has grown substantially over the last four years from 100,000 to 134,000. That is a 34 percent increase since 1997. Of these 134,000 children, the vast majority has special needs and were abused or neglected by their birth families. Subsequently, they also have emotional and behavioral difficulties as a result of their experiences. The average age of these children is 8.2 year old. Many are teenagers and will soon be aging out of the foster care system with no families to call their own and no support network to facilitate their transition to an independent status. Many children have physical or developmental disabilities and/or are from sibling groups that must be placed together. Children of color are disproportionately represented in the foster care system; 58 percent are minority children.

According to the National Conference of State Legislators, adoption saves the government approximately $40,000 per child to adulthood. In 1999, the last year we have figures for, 46,000 children were adopted from foster care yielding a savings of $1.76 billion to the government. The landmark Adoption and Safe Families Act (ASFA) of 1997, (PL 105-89), set national policy for children in the foster care system. ASFA mandated that "the state shall not delay or deny placement of a child for adoption when an approved family is available outside of the jurisdiction with responsibility for handling

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the case of the child." Essentially, Congress said it was no longer acceptable for children in one state to languish in foster care when a permanent family is available in another state. Unfortunately, no regulations were ever implemented to enforce geographical barrier issues within ASFA. The Adoption Opportunities Program provides the necessary funds to carry out this mandate by Congress. However, funding is currently inadequate to accommodate the needs of these vulnerable children or to keep pace with the increasing numbers of children entering the system every day. Not only should the Adoption Opportunities Program within CAPTA be reauthorized, but also additional funding should be appropriated in order to continue its successful history.

Among the many accomplishments of the Adoption Opportunities Program are National Adoption Resources, Clearinghouses and Exchanges:

- Operation of the National Adoption Exchange, which recruits homes for waiting U.S. children. 52,000 families received information last year on how to proceed with adoption. There are 5,500 children currently listed with the NAE waiting to be adopted.

- Establishment of a National Resource Center on Special Needs Adoption, which provides training on current issues in special needs adoption such as compliance with federal laws and regulations, permanency planning, and cultural competence. The Center provides technical assistance to states, tribes, and other child welfare organizations. More than 65,000 individuals in all fifty states and Puerto Rico, the Virgin Islands and Guam have received special needs adoption training.

- Establishment of the National Adoption Assistance Training Resource and Information Network (NAATRIN) by NACAC, a hotline that provides free information on adoption subsidies to parents interested in adopting a child with special needs. NACAC also developed and disseminated a profile booklet on the adoption assistance programs in each state.

- Establishment of a comprehensive information center on adoption--The National Adoption Information Clearinghouse (NAIC). In 1999, NAIC responded to 10,603 requests for information on adoption and disseminated material to more than 127,000 customers.

New and Innovative Ideas for Bringing Families and Waiting Children Together:

- Creation of innovative ideas on how to bring waiting children and parents wishing to adopt together such as matching parties. At these casual settings, such as zoos or picnics in the park, families wishing to adopt and children waiting to be adopted can meet each other.

- Development of a National Adoption Poster Campaign by North American Council on Adoptable Children (NACAC). The poster has helped in the adoption of many special needs children. After seeing the poster, an Indiana family with Native

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Americans ties adopted a young Native American girl with severe emotional and physical disabilities from South Dakota.

- Development and dissemination of a Guidebook for military families on how to adopt by the Adoption Exchange Association.

Using the Internet to Bring Families and Waiting Children Together:

- Creation of successful programs such as the National Adoption Center's Faces of Adoption, a web site that contains pictures and descriptions of waiting U.S. children and information on how to adopt them. It is projected that more than 3,000 children have been adopted as the result of this site.

- Utilization of new technology such as Adopt Net, a post adoption online service with message boards and chat rooms for members of the adoption triad—adoptees, adoptive families, and birth parents. The web site also has a distance-learning course, "The Adoption Roadmap," which prepares families to adopt.

States working with States:

- Establishment of the Interstate Compact on Adoption and Medial Assistance (ICAMA) and the Interstate Compact on the Placement of Children (ICPC) by the American Public Human Services Association to address the problem of inter-jurisdictional barriers to adoption. AAICPC is the legal mechanism by which states regulate and coordinate the interstate delivery of services to children. ICAMA ensures that medical assistance follows a child who is adopted across state lines.

VFA proposes that the attached language be inserted as a completely new paragraph to CAPTA. The adoption community has long acknowledged inter-jurisdictional placement barriers as one of the most problematic in finding permanent homes for children. Aside from the fact that no regulations were ever implemented to overcome geographical barrier issues, Voice For Adoption believes that the only way to ensure that permanent, loving homes are found for children in foster care is to ensure that a collaborative effort is put forth between government and private entities. The Adoption Opportunities Program will provide the necessary funding to achieve this goal.

Voice For Adoption's motto is "Speaking out for our Nation's Forgotten Children." We urge the Committee and other Members of Congress to prove to these children that they will not be forgotten anymore and that every viable solution to placing them into permanent, loving homes will at least be explored. CAPTA and the Adoption Opportunities program have already proven successful. Please help us to help our nation's most vulnerable children. Reauthorize these measures, appropriate additional funding and put yourself in the place of these children. Consider what length of time is too much time for children to wait in foster care. Especially given the fact that their mere displacement is traumatic enough.

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VOICE FOR ADOPTION
RECOMMENDED LANGUAGE

CAPTA INSERT FOR ADOPTION OPPORTUNITIES

**** New Paragraph, section (e) to be included in Title 42, Chapter 67, Subchapter II, section 5113, after paragraph (d) Placement of Foster Children:***

(e) Inter-jurisdictional Placement

(1) The Secretary shall provide (directly or by grant to or contract with States, local government entities, public or private nonprofit licensed child welfare or adoption agencies, adoption exchanges, or adoption family groups) for initiatives to improve efforts to eliminate barriers to placing children for adoption across jurisdictional boundaries.

(2) Services provided under grants made under this subsection shall supplement, not supplant, services from any other funds available for the same general purposes including –

A. Developing a uniform home study standard and protocol for acceptance of home studies between states and jurisdictions;

B. Developing models of financing cross-jurisdictional placements;

C. Expanding the capacity of all adoption exchanges to serve increasing numbers of children;

D. Developing training materials and training social workers on preparing and moving children across state lines; and

E. Developing and supporting field initiated models and new technological innovations for networking among agencies, adoption exchanges, and parent support groups across jurisdictional boundaries.

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